

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90095 022 ***150.00

DOCUMENT # **F95000003601**

1. Corporation Name
DIAGNOSYS SYSTEMS INC.

Principal Place of Business
**100 PARK PLACE BLVD
SUITE A
KISSIMMEE FL 34741
US**

Mailing Address
**100 PARK PLACE BLVD
SUITE A
KISSIMMEE FL 34741
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1995

4. FEI Number **59-3273675** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **102 Park Place Blvd.**

2a. Mailing Address
26 **102 Park Place Blvd.**

Suite, Apt. #, etc.
22 **Bldg. B Suite 1**

Suite, Apt. #, etc.
27 **Bldg. B Suite 1**

City & State
23 **Kissimmee, FL**

City & State
28 **Kissimmee, FL**

Zip Country
24 **34741 US**

Zip Country
29 **34741 US**

9. Name and Address of Current Registered Agent

**WEBB, TIM
100 PARK PLACE BLVD
SUITE A
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
102 Park Place Blvd.
83 **Bldg. B Suite 1**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Tim Webb Vice President**

January 4, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	CAWKELL, DAVID	
STREET ADDRESS	FORCE HOUSE, SELBORNE RD.	
CITY-ST-ZIP	GREATHAM LISS SUSS ENGLAND	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAWKELL, CHRISTINE A	
STREET ADDRESS	FORCE HOUSE, SELBORNE RD.	
CITY-ST-ZIP	GREATHAM LISS SUSS ENGLAND	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAWKELL, JAMES A	
STREET ADDRESS	21 BUCKINGHAM RD.	
CITY-ST-ZIP	PETERSFIELD CU 32 3AY ENGLAN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBB, TIM S	
STREET ADDRESS	2903 CANOE CIRCLE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tim Webb

1-04-99

407-846-6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0504901

CR2E034 (11/98)