

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90144 003 \*\*\*150.00

DOCUMENT # F97000000648

1. Corporation Name  
CONTROL SYSTEMS CONSULTING, INC.

Principal Place of Business

~~1100 BREAKWATER CT~~  
~~MARCO ISLAND FL 34145~~

Mailing Address

~~1100 BREAKWATER CT~~  
~~MARCO ISLAND FL 34145~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

58-2144156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 5760 SW 94 PLACE

Suite, Apt. #, etc.

22

City & State  
23 MIAMI FL

Zip Country

24 33173 25 DADE

2a. Mailing Address

26 5760 SW 94 PLACE

Suite, Apt. #, etc.

27

City & State  
28 MIAMI FL

Zip Country

29 33173 30 DADE

9. Name and Address of Current Registered Agent

HUDSON, PAUL R

~~1100 BREAKWATER CT~~  
~~MARCO ISLAND FL 34145~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5760 SW 94 PLACE

83

84 City

MIAMI

FL

85 Zip Code

33173

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 Paul R. Hudson, PAUL R. HUDSON

20 APRIL 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 CP ☐ DELETE

NAME HUDSON, PAUL R

STREET ADDRESS ~~1100 BREAKWATER CT~~  
CITY-ST-ZIP ~~MARCO ISLAND FL 34145~~

TITLE S ☐ DELETE

NAME ARRUE, MIGUEL

STREET ADDRESS 14614 SW 153RD PLACE  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5760 SW 94 PLACE  
MIAMI, FL 33173

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: Paul R. Hudson, PAUL R. HUDSON 20 APRIL 1999 305-799-7730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)