FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90050 049 ***150.00

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

DOCUN 1. Corporation	MENT # G03265							
Corporation	TETTEYS SYSTEMS, INC.		1					
ILE OM	TETTETO OTOTEWO, INC.				A ROBING BOOK BUILD GRAD GRANT BUILD	EE OAN ANDA OA		11 6 11 878 11 1 86 1
Principal Place	of Business	Mailing Address				01 011) 010)1 0 14	III BIBLI BIBLI	Ithii eieli iset
2624 NEZ PERC	E TRAIL	2624 NEZ PERCE TRAIL						
% EVANS A. TETTEY TALLAHASSEE FL 32303		% Evans A. Tettey Tallahassee Fl 32303			DO NOT WRITE IN THIS SPACE			
TALLAMASSEE	FL 32303	INCENTINGUEL TO 02500			3. Date Incorporated or Qualifed			
					10/05/1982			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		- 	plied For
21		26			59-3031189			t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	ſ
City & State		City & State			6. Election Campaign Financing		\$5.00	<u>-</u>
23	•	28			Trust Fund Contribution		Added	-
Zip -	Country	Zip	- Country	,	8. This corporation owes the curre			
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	04 1		10. Name and Address of New R	egistered A	gent	_
тетт	TEY, EVANS A	•	81 Nar	пе		_		
	NEZ PERCE TRAIL		82 Stre	eet Addre	ss (P.O. Box Number is Not Acceptal	ble)		
	AHASSEE FL 32303		83				·	
						·		
		•	84 City	4		FL	85 Zip	Code
44 5	to the provisions of Sections 607.0502	and 607 1509 Florida Statuta	the above-nam	and corno	ration submits this statement for the r	ournose of o	hanging its	registered
11. Pursuanti		alla 001, 1000, Fioliaa Statutei	3, uic aucve~iiaii	ied corpo	iation additing this statement for the h			
office or re	agistored agent or both in the State o	f Florida. Such change was alf	inorized by the c	orporation	i's board of directors. I hereby accep	t the appoin	tment as re	gistered
office or re agent. I ar	to the provisions of sections of 3002 egistered agent, or both, in the State on m familiar with, and accept the obligati	f Florida. Such change was alf	inorized by the c	orporation	's board of directors. I hereby accep	t the appoin	tment as re	gistered
office or re agent. I ar SIGNATURE	agistored agent or both in the State o	f Florida. Such change was autons of, Section 607.0505, Flori	inorized by the c	orporation	when reinstating)	DATE		gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state	if Florida, Such change was autons of, Section 607.0505, Floridand bits if applicable. (NOTE: 1) DIRECTORS	Registered Agent signal	orporation	is board or directors. I hereby accep	DATE	D DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE 12.	egistered agent, or both, in the State on familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND P.	f Florida. Such change was autons of, Section 607.0505, Floriand title if applicable. (NOTE:	Registered Agent signal 13. 1.1 TITLE	orporation	when reinstating)	DATE		gistered
office or reagent. I are SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State on familiar with, and accept the obligation of registered agent of the obligation	if Florida, Such change was autons of, Section 607.0505, Floridand bits if applicable. (NOTE: 1) DIRECTORS	Registered Agent signal 13. 1.1 TITLE 1.2 NAME	orporation	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State on familiar with, and accept the obligation of the obligation o	if Florida, Such change was autons of, Section 607.0505, Floridand bits if applicable. (NOTE: 1) DIRECTORS	ritionized by the cida Statutes. Registered Agent signal 13. 1.1 TITLE 12 NAME 1.3 STREET ADDR	orporation	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I are agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the State on familiar with, and accept the obligation of registered agent. Signature, typed or printed name of registered agent. OFFICERS AND P TETTEY, EVANS A 2624 NEZ PERCE TRAIL TALLAHASSEE FL	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	orporation	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	agistered agent, or both, in the State of familiar with, and accept the obligation of the obligation o	if Florida, Such change was autons of, Section 607.0505, Floridand bits if applicable. (NOTE: 1) DIRECTORS	registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE	orporation	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	agistered agent, or both, in the State of familiar with, and accept the obligation of the obligation o	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ture required	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	agistered agent, or both, in the State of familiar with, and accept the obligation of the project of the state of registered agent. P TETTEY, EVANS A 2624 NEZ PERCE TRAIL TALLAHASSEE FL 1VP KEPA, FELIX 120 WHITE DR. # D30	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	ritionized by the cida Statutes. Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ture required	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with a familiar with, and accept the obligation of familiar with a fami	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	ritorized by the cida Statutes. Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR	ture required	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in the State of familiar with, and accept the obligation of the project of the state of registered agent. P TETTEY, EVANS A 2624 NEZ PERCE TRAIL TALLAHASSEE FL 1VP KEPA, FELIX 120 WHITE DR. # D30	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 2.4 CITY-ST-ZIP	ture required	when reinstating)	DATE	D DIRECTO	PRS IN 12 Addition
office or reagent. I are agent. I are agent. I are services of the services of	pgistered agent, or both, in the State of mamiliar with, and accept the obligation of printed name of registered agent OFFICERS AND PTETTEY, EVANS A 2624 NEZ PERCE TRAIL TALLAHASSEE FL 1VP KEPA, FELIX 120 WHITE DR. # D30 TALLAHASSEE FL ST TETTEY, VICTORIA A	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	ritionized by the cida Statutes. Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 2.4 CITY-ST-ZIP 3.1 TITLE	ESS	when reinstating)	DATE	D DIRECTO	PRS IN 12 Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar of familiar with a familiar obligation of familiar with a familiar obligation of familiar with a familiar obligation of familiar with, and accept the obligation of familiar with accept the obligation of familiar with accept the famili	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	ritionized by the cida Statutes. Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ESS	when reinstating)	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 3.1 TITLE 3.2 NAME 3.3 STREET ADOR	ESS	when reinstating)	DATE	D DIRECTO	PRS IN 12 Addition
office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Indicated by the C da Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 3.1 TITLE 3.2 NAME 3.3 STREET ADOR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Indicated by the C da Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
office or reagent. I an agent.	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	IT I	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	ITITLE 12 NAME 13. 1.1 TITLE 12 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 3.1 TITLE 3.2 NAME 3.3 STREET ADOR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADOR 4.4 CITY-ST-ZIP 5.1 TITLE	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	ITTLE 12 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 3.1 TITLE 3.2 NAME 3.3 STREET ADOR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADOR 4.1 TITLE 4.2 NAME 4.3 STREET ADOR 4.1 TITLE 5.1 NAME	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	IT I	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office or reagent. I an agent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both, in the State of familiar with, and accept the obligation of the prince of the policy of	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	ITTLE 12 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADOR 3.1 TITLE 3.2 NAME 3.3 STREET ADOR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADOR 4.1 TITLE 4.2 NAME 4.3 STREET ADOR 4.1 TITLE 5.1 NAME	ESS ESS	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGN/EQUIEWANS A. TETTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR