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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-01-1999 90026 044 \*\*\*158.75

<ol> <li>Corporation</li> </ol>	MENT # <b>G93751</b> CAL SYSTEMS ASSOCIATES					
Principal Place	e of Business	Mailing Address		) IMEZILI DOLG LOLGA LIZIL INGOL ALLER LIGI GIAL		1811 81811 1881
1900 CENTRAL		1900 CENTRAL FL. PKWY				
ORLANDO FL 3		ORLANDO FL 32837		DO NOT WOLF IN TH	10.004.05	
US		US		DO NOT WRITE IN TH	IS SPACE	1
			<del></del>	3. Date Incorporated or Qualifed 03/23/1984	<del></del>	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FE) Number		blied For Applicable
21	# 010	Suite, Apt. #, etc.		59-2403087	\$8.75 A	
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Re	
22 City & State	8	City & State	<del></del>	6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible	/
24	25	29	30	Personal Property Tax.	☐ Yes	<b>∠</b> Nο
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
	HOTH CHOPNED		81 Name			
	SUSTIN, EUGENE P		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	TURKEY LAKE ROAD					
UKL	ANDO FL 32819		83			
			84 City		85 Zip C	Code
				F		ronistored
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	jistered
office or re agent. I at SIGNATURE	egistered agent, or both, in the State on the manager in the obligation of the oblig	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized by the corpor rida Statutes.	ation's board of directors. I hereby accept the app	pointment as reg	gistered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 accuse and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation of the receive of Justee 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

REEN GONE T.