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PROFIT CORPORATION ANNUAL REPORT

1999

THRU-PUT SYSTEMS, INC.

DOCUMENT # **H86134**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90144 008 ***150.00

Principal Plac	e of Business	Mailing Address			$\overline{}$	i idalais asat lavia evial suaea utiut avel	AIBII GIBII DIBII GIBI	1 010 11 0 1011 1001
5750 MAJOR BLVD.		5750 MAJOR BLVD.						
STE. 200		STE. 200						
ORLANDO FL 32819		ORLANDO FL 32819		L	DO NOT WRITE IN THIS SPACE			
					1	3. Date Incorporated or Qualifed		(
3 Daineinal D	lace of Business	2a. Mailing Address				11/19/1985 4. FEI Number		Applied For
— ·	lace of Busiliess	26 Vialing Address			1	59-2602140		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
22	w, 6to.	27				5. Certifcate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year	ar Intangible	
24	25	29 30	o]			Personal Property Tax.	Yes	· □No
	9. Name and Address of Curren	t Registered Agent				Name and Address of New Registe	red Agent	
			81	Name				
	THEWS, TIMOTHY R.	est Point Dr.	82	Street	Address	(P.O. Box Number is Not Acceptable)		
4019 WINDERLAKES DR. 31 No		sa BEACH, FL		<u> </u>				
ORLANDO FL 32811 Coco								ł
		1329	⊃ \ <u>84</u>	City			85 Zip	Code
				L			<u>FL </u>	
11. Pursuant	to the provisions of Sections 607,050; enistered agent, or both, in the State (2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above lorized by	a-named the corpo	corporati oration's	ion submits this statement for the purpos board of directors. I hereby accept the a	se of changing it appointment as r	egistered :
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes			•		
SIGNATURE						n reinstating) DAT		
40	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: Re	egistered Agen	it signature re	required wher	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12.	D OFFICERS AN	DELETE	1.1 TITLE				- 3/	
NAME	MATTHEWS, TIMOTHY R.		1.2 NAME		mat	thews, Timothy F Nest Point Drive	ι.	
STREET ADDRESS	4019 WINDERLAKES DR.			TADORESS	31 Y	Nest Point Drive		{
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S		Coc	oa Beach, FL 32	クラト	
TITLE	P	☐ DELETE			_		421	ì
NAME	MATTHEWS, LYNN S.		2.1 TITLE		ĺ		YI⊃ (☐ Change	e Addition
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OTTICE TO THE OTTICO	4019 WINDERLAKES DR	_	•	raddress (31	THEWS, LYNN S. West Point Dr.		Addition
CITY, ST., 7IP	4019 WINDERLAKES DR. ORI ANDO FI	-	2.2 NAME 2.3 STREET		31	THEWS, LYNN S. West Point Dr.		Addition
CITY-ST-ZIP	4019 WINDERLAKES DR. ORLANDO FL	☐ DELETE	2.2 NAME		31	THEWS, LYNN S. West Point Dr.	Change	
CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S		31	THEWS, LYNN S. West Point Dr.	(Archange) 3293	<u> </u>
TITLE		☐ DELETE	2.2 NAME 2.3 STREET 2. 4 CITY-S 3.1 TITLE	ST-ZIP	31	THEWS, LYNN S. West Point Dr.	(Archange) 3293	<u> </u>
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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:

finn & Matthews

407-370-3233