


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90157 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H89905
 1. Corporation Name
AFT SYSTEMS, INC.

Principal Place of Business 4020 GALT OCEAN DRIVE #508 FT. LAUDERDALE FL 33308	Mailing Address 4020 GALT OCEAN DRIVE #508 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	B990 SW 68th PL	12/12/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2614796	
City & State		City & State		Applied For	
23		MIAMI FL USA		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	
24	25	29	30	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GOODMAN, SHIRLEY 4020 GALT OCEAN DRIVE #508 FT. LAUDERDALE FL 33308				81	Name			B. KPOWER
				82	Street Address (P.O. Box Number is Not Acceptable)			8990 SW 68th PL
				83				
				84	City	MIAMI	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: *B. Kpower* DATE: 2/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AFT, LAWRENCE S.			1.2 NAME			
STREET ADDRESS	1215 WATERFORD WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA 30075			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AFT, SUSAN H.			2.2 NAME			
STREET ADDRESS	1215 WATERFORD WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA 30075			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Lawrence S Aft* **LAWRENCE S AFT** DATE: 2/15/99 DAYTIME PHONE #: 770 528 7242
Signature and typed or printed name of signing officer or director

CR2E034 (1/198)