PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J06958**

1. Corporation Name

SYSTEMS COMPUTER CORPORATION

Principal Place of Business

3160 MCMULLEN BOOTH ROAD

Mailing Address

3160 MCMULLEN BOOTH ROAD

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90230 030 ***150.00



CLEARWATER I US	-L 33/61 ULEARWATER FL 33/61 US			DO NOT WRITE IN THIS SPACE			
03		00		3. Date Incorporated or Qualifed			Į
				04/01/1986		İ	İ
2 Principal P	Place of Business	2a. Mailing Address		4 A FFI Number	Ar	plied For	
21 2/	Idlewild St	26 21 Id/ew	IN ST	ect 59-2692453	 _	t Applicable	1
Suite, Apt.		Suite, Apt. #, etc.	,- ,,			Additional	i
22	77, 000.	27		5. Certifcate of Status Desired		equired	
City & Stat	te A	City & State		6-Election Campaign Financing	~=~\$5:00	May Be	=-
Con	ringter Beach	28 / Par muter	Beach 7	Trust Fund Contribution	* ***	to Fees	ľ
Zip	220 Country	Zip	Country	8. This corporation owes the current year	intangible		
24 7	JO 50/ Dineslas	29 73767 3	Pinella	Personal Property Tax.	Yes Yes	□No	}
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent		
			81 Name				ĺ
MCC	CULLOUGH, JAMES B.	ميريا بمست	Street	Address (P.O. Box Number is Not Acceptable)			ł
-316 0) MCMULLEN BOOTH ROAD - 📿) Idlewild S	treet street	Address (F.O. Box Number is Not Acceptable)			
CLE/	ARWATER FL 99781	prwater Beau	2 83				1
	7	2271			Garl de		ĺ
	40	33767	84 City	F	85 Zip	Code	Į
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	1
office or r	registered agent, or both, in the State of	f Florida. Such change was auth	norized by the corpo	oration's board of directors. I hereby accept the app	ointment as re	gistered	ļ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0005, Fiolia	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature n	equired when reinstating) DATE			ء ا
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	80
TITLE	PD	DELETE	1.1 TITLE	- some	Change	Addition	1
NAME	MCCULLOUGH, JAMES B.		1.2 NAME	21 Idlewild St			🛪
STREET ADDRESS	0400 MONITH ON POOTH DOAD	1	1.3 STREET ADDRESS	21 Idlewily ST	D . 2	27/7	<u>`</u>
CITY-ST-ZIP	CLEARWATER FL 33761		1.4 CITY-ST-ZIP	Clearwater Beach	NO	3/6/	5
ΠLE		DELETE	2.1 TITLE	4	Change	☐ Addition	=
		☐ DELETE		<u> </u>	Change	☐ Addition] [
NAME		☐ DELETE	2.1 TITLE	40	☐ Change	☐ Addition	0
NAME STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change	☐ Addition] [
NAME		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change	☐ Addition	C
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	☐ DELETE	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		☐ Change	☐ Addition	-

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 12 or Block 13 or Chapter 607, or on an attachment with an address, with an other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Addition

Addition

☐ Change

Change