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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| NEUR | IMENT # J8768 SO SYSTEMS, INC. | , | (·) | | | | | | | |
|---|--|--|---|--|--|---|----------------------------|-------------------------------|-------------------------|--|
| Principal Plac | ce of Business | Mailing Addres | ss | | | | | | | |
| C/O N.T.C.A. SUITE 304 7301 N. UNIVERSITY DRIVE TAMARAC FL 33321 C/O N.T.C.A. SUITE 7301 N. UNIVERSITY TAMARAC FL 33321 TAMARAC FL 33321 | | | | | | | | | | |
| | | | - 00017 | | | 3. Date incorporated or Qualific 08/12/1987 | d 3a. | Date of 03/1 | | |
| . Principal P | Place of Business | 2a. Mailing Ad | dress | | | 4. FEI Number 65-0008903 | | - | | Applied For |
| Suite, Apt. | . #, etc. | Suite, Apt. | #, etc. | · | | 5. Certificate of Status Desired | | \$ | | Not Applicable Additional |
| City & State | | City & State | | | Certificate of Status Desired B. Election Campaign Financing | | | Fee Required \$5.00 May Be | | |
| Zip | 0 | 28 | | 1 | | Trust Fund Contribution | | | Adde | d to Fees |
| Zip | Country 25 | Zip 29 | | Gountry 30 | , | This corporation has liability to Florida Statutes | for intang Yes □ I | | nder s | 199.032, |
| | 9. Name and Address of Curr | ent Registered Agen | it | | 7- | 10. Name and Address of Nev | v Regist | ered Age | nl | |
| 1101 201 | EDO OLEUN I | | | 81 | Name | | | | | |
| | erg, glenn J. Nice de Leon Blyd | | | 82 | Street Add | lress (P.O. Box Number is Not Accep | table) | | | |
| SUITE | | | | | | | | | | |
| | GABLES FL 33134 | | | 83 | | | | | | |
| • • • • • • | | | | 84 | City | | | FL 8 | 5 Zip | Code |
| 1. Pursuant | to the provisions of Sections 607.050 | 02 and 607,1508, Flori | ido Statuda | e the above-r | L | | | - | na its r | eaistered offic |
| Or robieto | | | ida Statute | o, title elections. | named corpo | ration submits this statement for the i | | | | |
| Or registe | red agent, or both, in the state of Fig ith, and accept the obligations of, Se | mua. Quon unange wa | S authorize | d by the corp | named corpo oration's boa | oration submits this statement for the pard of directors. I hereby accept the a | ppointme | ent as regi | stered | agent. I am |
| Or registe | agont, or both, in the State of the | mua. Quon unange wa | S authorize | d by the corp | named corpo oration's boa | ration submits this statement for the pard of directors. I hereby accept the a | ppointme | ent as regi | stered | agent. I am |
| familiar w | ith, and accept the obligations of, Se Signature, typed or printed name of registered age | ction 607.0505, Florida | a Statutes. | C Dy the Corp | oration's poa | ard of directors. Thereby accept the a | ppointme | ent as regi | stered | agent. I am |
| familiar w | ith, and accept the obligations of, Se Signature, typed or printed name of registered age | ction 607.0505, Florida ent and the Papplicable. | a Statutes. | E Registered Agen | oration's poa | ard of directors. I hereby accept the a | ppointme | ant as regi | stered | agent. I am |
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