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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90071 037 ***150.00

DOCL	JMENT	#	J931	81
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SYSTEM	S SECRET, INC.				A MARAMAN DIEN MENNE MENNE MARK MARK MENNE MEN	##1 #1##1 #1##1 #1##1 #1##1 #1##! ####
Principal Place	e of Business	Mailing Address			•	
C/O ROBERT D 8687 MAIDSTON LARGO FL 3377 US	NE COURT	12345-A STARKEY RD LARGO FL 33777 US			DO NOT WRITE IN TO	HIS SPACE
					09/15/1987	——————————————————————————————————————
2. Principal P	face of Business	2a. Mailing Address 26 1720 Stark	eu K	oad	4. FEI Number 59-3097162	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28 Largo	FL		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	^{Zip} 33771	30 Cou	intry US <i>P</i> 3	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes XÍNo
	9. Name and Address of Curren		,,	<u> </u>	10. Name and Address of New Register	ed Agent
BARI 8687 LARO	asiatared agent or both in the State (of Elegada Silich change was a	HITCHANIZER	84 City	ess (P.O. Box Number is Not Acceptable) Foration submits this statement for the purpose on's board of directors. I hereby accept the approximation submits the approximation of the purpose on the submits that the approximation is submits the approximation of the purpose on the submits that the approximation is submits the approximation of the purpose on the submits that the submits the submits that the submits	85 Zip Code e of changing its registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stati	utes.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered	Agent signature required		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 T	rle		☐ Change ☐ Addition
NAME	MCINTYRE, ROBERT D.		1.2 N	WE		
STREET ADDRESS	8687 MAIDSTONE COURT		1.3 S	REET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		1.4 CI	TY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 1	TLE		☐ Change ☐ Addition
NAME	MILLER, PHYLLIS		2.2 N			
STREET ADDRESS	907 LEONA DR.			REET ADDRESS	•	
CITY-ST-ZIP	LARGO FL 33770	□ DELETE	3.1 TI	TY-\$T-ZIP	<u> </u>	Change Addition
TITLE	D CANING		3.1 N	ŧ		
NAME	FRIZZELL, JOANNE					
STREET ADDRESS	8687 MAIDSTONE COURT			REET ADORESS		
CITY-ST-ZIP	LARGO FL 33777	DELETE	3.4. C	TY-ST-ZIP		☐ Change ☐ Addition
TITLE		(*) DELEVE	4.1 fl 4.2 N	· i		
NAME			4. Z N	C11112		

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.

1.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

Addition