

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90072 040 \*\*\*150.00

DOCUMENT # J95614

1. Corporation Name

CONTROL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

% ALAN R. LOBOU  
1761 W. HILLSBOROUGH BLVD.  
DEERFIELD BEACH FL 33442

Mailing Address

% ALAN R. LOBOU  
1761 W. HILLSBOROUGH BLVD.  
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1987

4. FEI Number

22-2424832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 % ALAN LOBOU

Suite, Apt. #, etc.

22 6830 CASTLEMAINE AVE

23 City & State  
BOYNTON BEACH FL

Zip

24 33437

Country

25 USA

2a. Mailing Address

26 % ALAN LOBOU

Suite, Apt. #, etc.

27 PO BOX 741149

28 City & State  
BOYNTON BEACH FL

Zip

29 33474-1149

Country

30 USA

9. Name and Address of Current Registered Agent

LOBOU, ALAN R.  
10673 SANTA LAGUNA DRIVE  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name ALAN R LOBOU

82 Street Address (P.O. Box Number is Not Acceptable)

6830 CASTLEMAINE AVE

83

84 City BOYNTON BEACH

FL

85 Zip Code

33437

11. Pursuant to the provisions of Sections 607.0802 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

28 Feb 99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LOBOU, ALAN R.  
STREET ADDRESS 6830 CASTLEMAINE AVE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE DVP ☐ DELETE

NAME LOBOU, DAVID L.  
STREET ADDRESS 265 N.W. 47TH AVENUE  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 Feb 99 561 369 3885

CR2E034 (1/98)