## 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

## DOCUMENT # K29800 1. Corporation Name

SUCCESSFUL SYSTEMS INNOVATORS, INC.

									L DABAH DIDIH BADIH	DEBEN DIBIN EBN
Principal Place	e of Business	Mailing	Address							
4801 S UNIVER STE 267	SITY DR		4801 S UNIVERSITY DR STE 267					-		
DAVIE FL 33328		_	DAVIE FL 33328				DO NOT WRITE IN THIS SPACE			
us		U\$					3. Date Incorporated or Qua 07/25/1988	alifed		
2. Principal Pl	lace of Business	2a. Mai	ling Address				4. FEI Number		A	pplied For
21		26					65-0073486		N	lot Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.					red 🗆	\$8.75	Additional
22		27					5. Certifcate of Status Desi	L	Fee R	Required
City & State	е	City	& State				6. Election Campaign Finar	icing []	\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes th	e current year l		
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curi		d Agent		04	Manag	10. Name and Address of	New Registere	d Agent	
MAI		• • •			81	Name				]
WUL	FORD, DEBORAH A. 33 N.W. 67 AVENUE	v	v		82	Street Addr	ess (P.O. Box Number is Not A	cceptable)		
								<u> 574 - 3735 45 + 5.5</u> .51., 33 15 5 4	a Breat in Serie Se Gardin Portra 2 3	6 11 7 12 1 18 1
	E 210				83			动脉 捐稿		
MAIM	MI FL 33014				84	City	7 % Tig. 477 (8)		85 Zip	Code
THE NUMBER OF STREET	stee ye					•		F	┗╷╽╴╽	
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obl	ite of Florida. Si	uch change was au	uthorized	i by tr	named corp ne corporation	oration submits this statement f on's board of directors. I hereby	or the purpose of accept the app	or changing it pointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if apple	cable (NOTE:	Registered	Agents	cionaturo cocuiro	d when reinstating)	DATE		
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90014 001 \*\*\*150.00