

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 # K89027

1. Corporation Name
L SYSTEMS, INC.

Principal Place of Business		Mailing Address	
915 OAKFIELD DR STE F BRANDON FL 33511 US		915 OAKFIELD DR STE F BRANDON FL 33511 US	
2. Principal Place of Business		2a. Mailing Address	
21	26	27	Suite, Apt. #, etc.
City & State		City & State	
23	28	29	Zip Country
24	25	30	Zip Country
9. Name and Address of Current Registered Agent			
GRiffin, EILEEN H. 915 OAKFIELD DR STE F BRANDON FL 33511			

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 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
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LING, GLENN ELTON		12 NAME		
STREET ADDRESS	4020 EASTRIDGE DR.		13 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		14 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LING, JEFFREY E		22 NAME		
STREET ADDRESS	4020 EASTRIDGE DR.		23 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		24 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, TIMOTHY		32 NAME		
STREET ADDRESS	609 BRYAN TERRACE DR		33 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		34 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, VICTOR		42 NAME		
STREET ADDRESS	909 HILLRISE DR		43 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		44 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILT, AMBER		52 NAME		
STREET ADDRESS	8032 FAWNBRIDGE		53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90038 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1989

4. FEI Number 65-0225778	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent	
10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

CR2E034 (11/98)

3/15/49 8/13/662-7410
Date Daytime Phone #