PROFIT CORPORATION ANNUAL REPORT



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

FILED May 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 05-01-1999 90058 008 ***150.00 DIVISION OF CORPORATIONS



UNIVERSAL TECHNOLOGY SYSTEMS, INC.

ACKSONVILLE FL 32210 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2074331 3. Date Incorporated or Qualifed 10/13/1989 4. FEI Number 59-2074331 5. Certificate of Status Desired 5. Servicate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. S. Officiate of Status Desired 5. Certificate of Status Des	Principal Place		Mailing Address 5150-6 TIMUQUANA RD.				
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Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 City & State City & State City & State 25 Country Zip Country 26 Zip Country 27 Country Zip Country 28 Zip Country 29 30 Personal Property Tax. Personal Property Tax. 29 RAX CO A FLORIDA CORPORATION C/O MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CTR JACKSONVILLE FL 32202 Sa City 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 agent. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, t	2. Principal P	lace of Business	2a. Mailing Address				Applied For
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City & State	Suite, Apt.	#, etc.	 · · · · · · ·	_		5. Certifcate of Status Desired	
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RAX CO A FLORIDA CORPORATION C/O MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CTR JACKSONVILLE FL 32202 84 City FL 85 Zip Code 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 agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, hymel or printed name of registered agent and tibe if applicable. NOTE Registered Agent signature required when remitteling) DAIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTS MAKE MCENANY, THOMAS E. 112NME MCENANY, THOMAS E. 112NME MCENANY, THOMAS E. 112NME MCENANY, THOMAS E. 112NME MCENANY, THOMAS T. 13 STREET ADDRESS CITY-57-ZIP JACKSONVILLE FL 13 TITLE 12 DELETE 11 TITLE 12 DELETE 21 TITLE 22 STREET ADDRESS CITY-57-ZIP 13 STREET ADDRESS CITY-57-ZIP 14 CITY-57-ZIP 15 DELETE 21 TITLE 22 STREET ADDRESS CITY-57-ZIP 32 STREET ADDRESS 33 STREET ADDRESS 32 STREET ADDRESS 33 STREET ADDRESS 34 CITY-57-ZIP 15 TITLE 15 DELETE 15 TITLE 15 DELETE 15 TITLE 15 DELETE 16 DELETE 17 TITLE 16 DELETE 17 TITLE 17 DELETE 17 TITLE 17 DELETE 18 DELETE 18 DELETE 18 DELETE 18 DELETE 19						10. Name and Address of New Registered	Agent
Stip Code Stip	C/O MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CTR			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	44 Dumuent	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	the above	/e-named corr	poration submits this statement for the purpose of	of changing its registered
Signature, typed or printed name of registered agent and tibe if applicable, (NOTE: Registered Agent signature required when reinstating) 12.	office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by	y tne corporati	on's board of directors. I hereby accept the appo	ontment as registered
12.	SIGNATURE		ALOTE: E	Posistered Ass	not cionatura recurs	DATE	
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6.4 CITY-ST-ZIP 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 officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.4 CITY-ST-ZJP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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4-26-99

Daytime Phone #

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