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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L72061

SYSTEMS CONCEPTS AND DESIGN, INC.

Principal Place of Business  C/O BRUCE A. MITCHELL 2SOURE 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901 US  2. Principal Place of Business  Mailing Address  C/O BRUCE A. MITCHELL ESCUIRE 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901 US  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/11/1990  4. FEI Number	1)B11 41011 01011 1001
C/O BRUCE A. MITCHELL ESQUIRE  1825 SOUTH RIVERVIEW DRIVE  MELBOURNE FL 32901  US  1826 SOUTH RIVERVIEW DRIVE  MELBOURNE FL 32901  US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/11/1990	
2 Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
FO 0044044	Applied For Not Applicable
21 26 59-3014614 Suite Apt # etc Suite Apt # etc \$8.7	75 Additional
5. Certificate of Status Desired 5.	e Required
22 27 6. Election Campaign Financing \$5.	00 May Be
•   •   •   •   •   •   •   •   •   •	ted to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
KOSTRO, VICTOR S 1825 S RIVERVIEW DR  82 Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32901	-
84 City <b>FL</b> 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 changin 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	g its registered is registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	OTODO (N. 42
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	
THE P	ilde 🗀 viadillori
NAME CAMPIONE, BENEDICT J. 12 NAME	
STREET ADDRESS 5160 RED BAY LANE 1.3 STREET ADDRESS	
CITY-ST-ZIP GRANT FL 14 CITY-ST-ZIP	nge Addition
THE THE TANK	ilgo
NAME CAMPIONE, KATHLEEN A 22 NAME	
STREET ADDRESS 5160 RED BAY LN 2.3 STREET ADDRESS	j
CITY-ST-ZIP GRANT FL 2.4 CITY-ST-ZIP	nge Addition
	ge
NAME 3.2 NAME	
STREET ADDRESS  3.3 STREET ADDRESS	
STREET ADDRESS  GITY-ST-ZIP  GA. CITY-ST-ZIP	nge \(\sum \) Addition
STREET ADDRESS   3.3 STREET ADDRESS	inge Addition
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STREET ADDRESS   3.3 STREET ADDRESS	inge Addition
STREET ADDRESS   3.3 STREET ADDRESS	
STREET ADDRESS   3.3 STREET ADDRESS	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     TITLE   DELETE   4.1 TITLE   CITY-ST-ZIP	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     TITLE	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	inge Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     TITLE	inge 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 estachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP