

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *LLS/5-*  
99 AUG 19 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000376**  
  
VGS SYSTEMS ENGINEERING FLORIDA L.C.  
7680 UNIVERSAL BLVD.  
STE 170  
ORLANDO FL 32819

1a. Principal Place of Business Address  
7680 UNIVERSAL BLVD.  
STE 170  
ORLANDO FL 32819

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
05/16/1995

3a. State of Formation  
FL

4. FEI Number  
59-3314159  
 Applied For  
 Not Applicable

5. Date of Last Report  
12/14/1998

6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
SIMMONS, CLEAIOUS J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City Zip Code  
**FL**

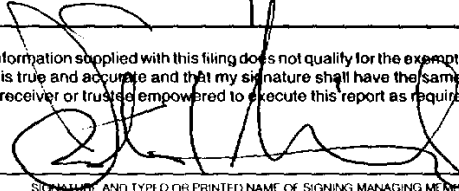
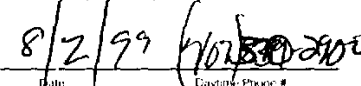
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MORO, PAOLO	45 MARESFIELD GARDENS	HAMPSTEAD NW3 STE EN
MGRM	GANNA, RODOLFO	9133 BAYWARD COURT	ORLANDO FL

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\*\*\*588.75 \*\*\*588.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **8/2/99** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date County-Phone #