

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90061 021 ***150.00

DOCUMENT # M25138

1. Corporation Name

HARLAND SYSTEMS, INC.



Principal Place of Business

C/O WAYNE M. HARLAND
2549 S.E. 15TH STREET
POMPANO BEACH FL 33062

Mailing Address

C/O WAYNE M. HARLAND
2549 S.E. 15TH STREET
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1985

4. FEI Number

59-2642070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 C/O WAYNE M. HARLAND
Suite, Apt. #, etc.

22 2722 NE 3RD ST.

23 City & State
POMPANO BEACH, FL

24 Zip Country
33062 USA

2a. Mailing Address

26 C/O WAYNE M. HARLAND
Suite, Apt. #, etc.

27 2722 NE 3RD ST.

28 City & State
POMPANO BEACH, FL

29 Zip Country
33062 USA

9. Name and Address of Current Registered Agent

HARLAND, WAYNE M.
2549 S.E. 15TH STREET
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
WAYNE M. HARLAND

82 Street Address (P.O. Box Number is Not Acceptable)
2722 NE 3RD ST.

83

84 City Pompano Beach FL 85 Zip Code 33062

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 *Wayne M. Harland*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/20/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HARLAND, WAYNE M.
STREET ADDRESS 2549 S.E. 15TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME HARLAND, DONNA J.
STREET ADDRESS 2549 S.E. 15TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2722 NE 3RD ST.
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne M. Harland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/20/99

Date

954-942-3356
Daytime Phone #

CR2E034 (11/98)