

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90002 045 ***150.00

0147647

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M62302

1. Corporation Name
KINETIC DATA SCAN SYSTEMS, INC.

Principal Place of Business
12197 PEMBROKE ROAD
PEMBROKE PINES FL 33025
US

Mailing Address
12197 PEMBROKE ROAD
PEMBROKE PINES FL 33025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1987

4. FEI Number
65-0038329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business
21 327 NW ALFRED ST

2a. Mailing Address
26 SAME

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 //

City & State
23 LEESBURG, FL.

City & State
28 //

Zip
24 32778

Country
29 LAKE

Country
30 //

9. Name and Address of Current Registered Agent

LEE, PATRICIA A.
13250 SW 7TH COURT
KINGSLEY L-410
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name PATRICIA A. LEE
82 Street Address (P.O. Box Number is Not Acceptable)
10310 PATRICK DRIVE
83
84 City LEESBURG FL 85 Zip Code 34788

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

Patricia A. Lee

DATE

1/11/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	LEE, PATRICIA A	
STREET ADDRESS	13250 SW 7TH COURT; #L-410	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, PATRICIA A	
STREET ADDRESS	13250 SW 7TH COURT #L-40	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	IRVIN, III GEORGE	
STREET ADDRESS	535 SOLANO ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINK, JACQUELYN	
STREET ADDRESS	2159 BATON ROUGE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or trustee empowered.

SIGNATURE:

Patricia A. Lee
PATRICIA A. LEE

Date

1/11/99

Daytime Phone #

352-253-0606

CR2E034 (1/198)