FILE NOW: FILING FEE AFTER MAY 151 15 \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90951 021 ***150.00

DOCUMENT # P20229

1. Corporation Name

imi sys	TEMS INC.										
						1 1111		 	INE NOVE ONOVE	DIBIL DIBIL BIBIL	BION ONDA NOBA
Principal Plac	ce of Business	Mailing Address									
175 BROAD HOLLOW ROAD 175 BROAD HOLLOW ROAI MELVILLE NY 11747 MELVILLE NY 11747)			DO NOT WRITE IN THIS SPACE					
					3	3. Date Inco					
						07/27/1					
2. Principal Place of Business 2a. Mailing Addr						4. FEI Number					plied For
21		26				<u> 13-2968</u>	<u> </u>				ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6	5. Certifcate	of Status	Desired		•	Additional equired
22		City & State				6. Election C	`ampsinn	Financing		\$5.00	May Be
City & State		28				Trust Fun					to Fees
Zip	Country	Zip	Countr	y	8	. This corp	oration ov	ves the cum	ent year Ir		_
!	25	29	30			Personal	<u></u>			✓Yes	□No
_	9. Name and Address of Curre	int Registered Agent		_		0. Name an	d Addres	s of New R	Registered	l Agent	
OL LI	MACHAEVAEL CIAD CADDADAT	E CEDANCES INC	81	1	_						
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTERGARDEN ROAD			82	Street	t Address ((P.O. Box N	umber is	Not Accepta	ıble)		
	ANDO FL 32802		83								
			84	City					FL	85 Zip	Code
							=			-	maistered
15. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	i02 and 607.1508, Florida Statute e of Florida. Such change was au lations of, Section 607.0505, Flori	es, the above thorized by ida Statute	re-named r the comp s.	d corporation is t	on submits t board of dire	rus stater ctors. I h	ereby accep	ot the appo	ointment as re	egistered
SIGNATURE									DATE		
,	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	NIK SIGNALIA	e required when	ADDITION	S/CHANG	SES TO OF		ND DIRECTO	ORS IN 12
12. MLE	I DC	DELETE	1.1 TITLE		1 YP					☐ Change	Addition
	LOGUORI, FRANK N		1.2 NAME		740	mas Ki	005				
NAME	ARC DOOLD HOLLOW DO			TADDRESS	s 2	90 Bro	ed Ho	llow Rd	'		
STREET ADDRESS	1 -		1.4 CITY-1			alville.	MY	11747			
CITY-ST-ZIP	MELVILLE NY 11747	☐ DELETE	2.1 TITLE		-	· · · · · ·				☐ Change	☐ Addition
TITLE	D COLOUE CADIETON		22 NAME								
NAME	SCHOWE, CARLETON 290 BROAD HOLLOW ROAD			T ADDRESS	, l	•					
STREET ADDRESS	MELVILLE NY 11747		2.4 CITY-		<u> </u>		•				·
CRTY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE	_	1					Change	☐ Addition
NAME	OLSTEN, STUART	_	32 NAME								
STREET ADDRESS	ACC DOO AD LIQUE OUE DO		3.3 STREE	TADORESS	s		•	,			
CITY-ST-ZIP	MELVILLE NY 11747		3.4. CITY-	ST-ZIP							☐ Addition
TITLE	SVP	☐ DELETE	4.1 TITLE		1					Change	
NAME	COSTANTINI, WILLIAM P		4. 2 NAME	i	-						
STREET ADDRESS	175 BROAD HOLLOW RD		4.3 STREE	T ADDRESS	s						
CITY-ST-ZIP	MELVILLE NY 11747		4.4 CTY-5	ST-ZIP	1					Change	Addition
TILE	SVP	☐ DELETE	5.1 TTLE		Į.					□ crende	() AUGIGOTI
NAME	PUGLISI, ANTHONY J		5.2 NAME								
STREET ADDRESS				T ADDRESS	^{\$}						•
CITY-ST-ZIP	MELVILLE NY 11747		5.4 C/TY-1	ST-ZP .	<u> </u>					Change	Addition
	1 1	☐ NELETE	61THF		1						

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. **MELVILLE NY 11747**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

BLAILE, RAYMOND

175 BROAD HOLLOW ROAD

TITLE

NAME

STREET ADDRESS

□ DELETE