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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29595

| Corporation | Name | | | | | | | | |
|--|---|----------------------------------|-------------------|---|----------|--|----------------------|-------------------------------|--|
| INTELLIKEY CORPORATION | | | | | | | | | |
| | | | | | | | ANDRI BUBU BUBU B | a i | |
| | | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | | TYBEL BIBIT MENTS HI | (E) U(B) U(B) U U | |
| 551 S. APOLLO | | | | | | | | | |
| 551 S. APOLLO BLVD. SUITE 204 551 S. APOLLO BLVD. SUITE 204 | | | | | | | | | |
| MELBOURNE FL 32901 MELBOURNE FL 32901 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | 1.00 | | | | 06/01/1990 4. FEI Number | | Applied For | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | Applied For Not Applicable | |
| 26 | | | | | | | \$8.7 | 5 Additional | |
| —————————————————————————————————————— | | | | | | 5. Certifcate of Status Desired | • - | Required | |
| 22 City & State | | City & State | | | | 6. Election Campaign Financing | | 00 May Be | |
| 23 | , | 28 | 2 0.000 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Countr | y | | 8. This corporation owes the current year | ar Intangible | | |
| 24 | 25 | | 10 | | | Personal Property Tax. | ☐Yes | □No | |
| | 9. Name and Address of Curren | | | | | 10. Name and Address of New Registe | ered Agent | | |
| 81 Name | | | | | | VALUE O. WILKERSON | | | |
| VERGE WILLIAM | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 551 S. APOLLO BLVD STE 204 | | | | Sileet | ST/ | S. APOLLO BLUD | • | | |
| SUITE 204 | | | | | | | | | |
| MELBOURNE FL 32901 | | | | | , [] | £ 204 | 0.5 5 | Zin Codo | |
| | | | | City | | BOURNE | FL 85 3 | Zip Code | |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the abov | hemen_e | COLDOL | ation submits this statement for the purpos | se of changing | its registered | |
| office or re | egistered agent, or both, in the State m familiar with and accept the obliga | of Florida. Such change was aut | horized by | the corpo | oration | 's board of directors. I hereby accept the a | appointment as | s registered | |
| | | 1013 01, 0000011 007.0000, 11011 | au Clatoto | o . | | | | ļ | |
| SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required to | | | | | | when reinstating) DA | re | | |
| 12. | OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | | | |
| TITLE | D DELETE | | 1.1 TITLE D | | | | Char | nge 🔀 Addition | |
| NAME / | Barr, Donald | | 12 NAME | . 1 | 200 | etor, Donald | | | |
| STREET ADDRESS | 551 S. APOLLO BLVD. | | | | | 1 2 y 60110 Blag 201 4 501 | ł | | |
| CITY-ST-ZIP | MELBOURNE FL | | 1.4 CITY-ST-ZIP ► | | m | elbourne, FL 32901 | | . And a service | |
| TITLE | D DELETE | | 2.1 TITLE | 2.1 TITLE 4 5 % | | 12, werner | ☐ Char | nge : Addition | |
| NAME / | CONN, JOHN L | | 2.2 NAME | | | 1 - | | | |
| STREET ADDRESS | 551 S APOLLO BLVD SUITE 2 | 04 | 2.3 STREE | ET ADDRÉSS | | 5. Apalo Blvd. Suite 20 | ,'T | | |
| CITY-ST-ZIP | MELBOURNE FL | | 2. 4 CITY- | ST-ZIP | | Ibourna FL 32901- | | | |
| TITLE | D | DELETE | 3.1 TITLE | - | 7335 | • • | ☐ Char | nge 🕅 Addition | |
| NAME | CHARLES SILAS DR | | 3.2 NAME | / | wil | Kerson, wayne | <u>ا</u> | Ì | |
| STREET ADDRESS | 551 S APOLLO BLVD STE 204 | | 3.3 STREE | ET ADDRESS | | 1 S. Apollo Blud. , Ste 20 | 7 | | |
| CITY-ST-ZIP | MELBOURNE FL | | 3.4. CITY- | ST-ZIP | Ma | bound FL 32901 | | ana (TA Addisina | |
| TITLE | CD | ☐ DELETE | 4.1 TITLE | | # | ⊊\$ | ☐ Char | nge Addition | |
| NAME | VERGE, WILLIAM G. | | 4. 2 NAME | | Da- | SANTAIS, JAMES | _ | Ì | |
| STREET ADDRESS | 551 S APOLLO BLVD STE 204 | · | | ET ADDRESS | 55 | 1 S. Aprilo Blud, Ste | 504 | | |
| CITY-ST-ZIP | MELBOURNE FL | | 4 4 CITY- | ST-ZIP | Ma | 1000 Fla 32901 | □ Cha | nge Addition | |
| TITLE | D | ☐ DELETE | 51 TITLE | | V. | T, S | Char | ige Bu Addition | |
| NAME - | BLEWETT, JOHN | | 5.2 NAME | | M | GLOIN, NAVIO & | ~ Z.A | . | |
| STREET ADDRESS | 551 S APOLLO BLVD, SUITE 2 | 204 | | ET ADDRESS | 55 | COLOIN DAVID. ST | | | |
| CITY-ST-ZIP | MELBOURNE FL | | 5.4 CITY- | ST-ZIP | M | ELBOURNE, Fr. 32901 | | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | | | ☐ Char | nge | |
| NAME | POWELL, KYLE E | | 6.2 NAME | | | | | | |
| STREET ADDRESS | 551 S APOLLO BLVD SUITE 2 | 04 | 6.3 STREE | ET ADDRESS | 1 | | | | |

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 3 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

551 S APOLLO BLVD SUITE 204

MELBOURNE FL

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90006 003 ***150.00