

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 28, 1999 8:00 am
Secretary of State

04-28-1999 90006 038 ***150.00

DOCUMENT # P37968

1. Corporation Name
OPEN SYSTEM TECHNOLOGIES, INC.

Principal Place of Business

441 S STATE RD 7
STE. 1
POMPANO BEACH FL 33068
US

Mailing Address

441 S STATE RD 7
STE. 1
POMPANO BEACH FL 33068
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 1661 E. CAMERON RD

27 Suite, Apt. #, etc.

27 SUITE 245

28 City & State

28 PHOENIX, AZ

29 Zip 30 Country

29 85016 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1992

4. FEI Number

38-2987406

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

10. Name and Address of New Registered Agent

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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WILLIAM BROWN
STREET ADDRESS 302 NW 87TH AVE.
CITY-STATE-ZIP CORAL SPRINGS FL
☒ DELETE

TITLE T
NAME CYNTHIA J. LANGUELL
STREET ADDRESS 9116 N. W. 40TH ST.
CITY-STATE-ZIP CORAL SPRINGS FL
☒ DELETE

TITLE D
NAME GENTNER, CHARLES
STREET ADDRESS 441 SOUTH STATE RD 7
CITY-STATE-ZIP MARGATE FL 33065
☒ DELETE

TITLE DP
NAME ANDERSON, OHMER J
STREET ADDRESS 612 ELM LANE
CITY-STATE-ZIP HARBOR SPRINGS MI
☒ DELETE

TITLE S
NAME RIGOT, JOSEPH M
STREET ADDRESS 2000 COURTHOUSE PLAZA
CITY-STATE-ZIP DAYTON OH
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.
1.2 NAME DAVE OLSEN
1.3 STREET ADDRESS 12829 E. JENAN DR
1.4 CITY-STATE-ZIP PHOENIX, AZ 85259
☐ Change ☒ Addition

2.1 TITLE T. + ASSISTANT SECRETARY
2.2 NAME JOHN TORILLO
2.3 STREET ADDRESS 4512 E PASO TRAIL
2.4 CITY-STATE-ZIP PHOENIX, AZ 85050
☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME JACK LEHDBEATER
3.3 STREET ADDRESS 12221 E. LAUREL LANE
3.4 CITY-STATE-ZIP SCOTTSDALE, AZ 85251
☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0165144