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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P9300007786

SMART SYSTEMS HOME AUTOMATION CORPORATION

Principal Place of Business

Mailing Address

## Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90103 030 \*\*\*150.00



Titlopal Flace	o or Basimood						
6266 HINES HILL CIRCLE TALLAHASSEE FL 32312		6266 HINES HILL CIRCLE : Tallahassee Fl 32312			DO NOT WRITE IN THIS SPA	A C E	
ı I					3. Date Incorporated or Qualifed 02/01/1993	<u></u>	
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	T Ar	oplied For
21 26					59-3164855	-	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_ \$	<del></del>	Additional
27					5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28				Trust Fund Contribution Added to Fees		to Fees	
Zip	Country	Zip Country			This corporation owes the current year Intangible		
24	25	29 30	<u> </u>		Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Registered Age	<u>nt</u>	
DAD	VED CADL D		81	Name			
PARKER, CARL R			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
6266 HINES HILL CIR			<u> </u>			<u> </u>	
JALL	AHASSEE FL 32312		83	}		1	
			84	City	FI <sup>8</sup>	5 Zip	Code
11 Durewant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose of char	nging its	registered
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. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PARKER, CARL R		1.2 NAME				
STREET ADDRESS	6266 HINES HILL CIR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-S	T-ZIP			
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			ļ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				j
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4, CITY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			] Change	Addition
NAME			4. 2 NAME	1			{
STREET ADORESS		• •	4.3 STREE	T ADDRESS			{
CITY-ST-ZIP			4.4 CfTY-5	IT-ZIP			
TITLE		☐ DELETE	5.1 TITLE			] Change	☐ Addition
NAME		•	5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	T ADORESS			j
CITY-ST-ZIP			5.4 CITY-S	it-zip			
TITLE		☐ DELETE	6.1 TITLE			] Change	Addition
NAME			6.2 NAME				·
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ
			6.4 CITY-S	T-71P			

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: