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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90026 037 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020449

1. Corporation Name

EXECUS	SYS, INC.										
	•	,			: .						
Principal Place	e of Business	Mail	ling Address			1 1321185	14 6	 	anni anan e	1818 (91) (88)	
6767 N WICKH	IAM RD	6767	N WICKHAM RD				•				
SUITE 208 SUITE 208							_ `				
MELBOURNE FL 32940 MELBOURNE FL 32940							DO NOT WRITE IN THIS SPACE				
US							orated or Qualifed				
	<u> </u>					03/18/199	9 3				
<u> </u>	Place of Business	2a.	Mailing Address			4. FEI Number				lied For	
21		26				59-31732	32 :			Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of	Status Desired	□ >	8.75 Ad		
22		27	0: 0.0						Fee Req		
City & Stat	te .		City & State				npaign Financing	1 1	\$5.00 N	•	
23		28	 -	0		Trust Fund (Added to	rees	
Zip	Country	├	Zip	Count	ry		tion owes the curre			□No	
24	25	29		30		Personal Pro	Address of New Re		· · · · · ·		
	9. Name and Address of Cui	rrent Registe		8	1 Name	10. Name and	Address of New Re	igistered Age		•	
THO	DMAS, JAMES A	200		*	Name				, , ,		
	BROOKSTONE DRIVE			8	2 Street Ad	ddress (P.O. Box Num	ber is Not Acceptat	ole)		_	
	RRITT ISLAND FL 32952			<u> </u>		1 17	2 2 2 2 2	, , ,	eni se i	194 - F 18 - 1944 1 - A 178 - 194	
IVALIT	WHIT IODAND IE SESSE			6	3						
ł	•	•		8	4 City	·		. 8	5 Zip Co	ode	
A 18 CT 4 LT 1	****							FL	<u> </u>		
11. Pursuant	to the provisions of Sections 607, registered agent, or both, in the St	ate of Florida	7.1508, Florida Statut ı. Such change was a	uthorized b	ve-named co	orporation submits this ation's board of directo	statement for the pors. I hereby accept	urpose of char the appointme	nging its r int as regi	egisterea istered	
agent. I a	m familiar with, and accept the ob	oligations of, S	Section 607.0505, Flo	rida Statute	3S.					:	
agent, I a	am familiar with, and accept the ob	oligations of S	Section 607.0505, Flo	rida Statute	es.				• •	<u></u>	
agent. I a	am familiar with, and accept the ob	eligations of, S	Section 607.0505, Flo	rida Statute	3S.	uired when reinstating) (DATE			
agent. I a SIGNATURE	am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	oligations of, S	Section 607.0505, Flo applicable (NOTE)	:: Registered Ac	ant signature requ	uired when reinstating) (CHANGES TO OFF	ICERS AND D		RS IN 12	
agent, I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	eligations of, S	Section 607.0505, Flo	Registered Ac	gent signature requ	uired when reinstating) (ICERS AND D	IRECTOR Change		
agent. I a SIGNATURE	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A	eligations of, S	Section 607.0505, Flo applicable (NOTE)	:: Registered Ac	gent signature requ	uired when reinstating) (ICERS AND D		RS IN 12	
agent, I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable (NOTE)	:: Registered Aç 13. 1.1 TITLE 1.2 NAM!	gent signature requ	uired when reinstating) (ICERS AND D		RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE	:: Registered Ac	ent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable (NOTE)	:: Registered Aç 13. 1.1 TITLE 1.2 NAMI	ent signature requires	uired when reinstating) (ICERS AND D		RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE	:: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE	I Registered Ag 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	ent signature requires signature requires signature requires set address set a	uired when reinstating) (ICERS AND D	Change	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo sapplicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	ent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12 Addition	
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo sapplicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	ent signature requires	uired when reinstating) (ICERS AND D	Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo sapplicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	ess.	uired when reinstating) (ICERS AND D	Change	RS IN 12 Addition	
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR	oligations of, S	Section 607.0505, Flo sapplicable. (NOTE TORS DELETE	13. 1.1 TITLE 1.2 NAM1 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM1 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM1 3.3 STRE	ent signature requirement signature requirem	uired when reinstating) (ICERS AND D	Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM1 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM1 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM1 3.3 STRE 3.4 CITY	ess. igent signature requires	uired when reinstating) (ICERS AND D	Change Change	RS IN 12 Addition Addition	
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	ess. igent signature requires	uired when reinstating) (CERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.3 STRE 4.3 STRE 4.4 STRE	ent signature requirement signature requirem	uired when reinstating) (CERS AND D	Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	ess. igent signature requires. Estaboress -ST-ZIP Ester Address -ST-ZIP	uired when reinstating) (ICERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 CITY 4.1 STRE 4.4 CITY	ess. igent signature requires. Estaboress -ST-ZIP Ester Address -ST-ZIP	uired when reinstating) (ICERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ess. igent signature requires. Estaboress -ST-ZIP Ester Address -ST-ZIP	uired when reinstating) (ICERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ess. igent signeture requires	uired when reinstating) (ICERS AND D	Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS D THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952	oligations of, S	Section 607.0505, Flo applicable. (NOTE TORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	ess. igent signature required in a signature required required required required required required required required required	uired when reinstating) (ICERS AND D	Change Change Change	RS IN 12 Addition Addition 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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP