

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

DOCUMENT # P93000020696

1. Corporation Name

OPEN SYSTEMS INTEGRATION, INC.

Principal Place of Business

4905 W LAUREL STREET
SUITE 200
TAMPA FL 33607
US

Mailing Address

4905 W LAUREL STREET
SUITE 200
TAMPA FL 33607
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 4905 W LAUREL ST

27 Suite, Apt. #, etc.

28 STE 200

28 City & State

29 TAMPA, FL

29 Zip Country

30 33607 USA

9. Name and Address of Current Registered Agent

MILVAIN, B M
4905 W LAUREL ST
SUITE 200
TAMPA FL 33607

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

59-3174248

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

81 Name

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

83

84 City

FL

85

Zip Code

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. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BEHANIC, RONALD A
STREET ADDRESS 4905 W LAUREL STREET, STE 200
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME GERHART, BARBARA
STREET ADDRESS 4905 W LAUREL ST., STE 200
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME MILLER, SHIELA
STREET ADDRESS 4905 W LAUREL STREET, STE 200
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME MILLER, RONALD L
STREET ADDRESS 4905 W LAUREL ST, #200
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ DELETE
NAME MILVAIN, B M
STREET ADDRESS 4905 W LAUREL ST, STE 200
CITY-ST-ZIP TAMPA FL

TITLE COO ☐ DELETE
NAME FRITCHIE, CHARLOTTE B
STREET ADDRESS 5153 ISLA KEY BLVD
CITY-ST-ZIP ST PETERSBURG FL 33715

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald A. Behanic, Director

4/20/99 813-282-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)