					and the second s		
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED .		
COF	PROFIT PORATION		FLORIDA DEPARI Sandra B.	TMENT OF STATE	Jan 15 1998 8:00an	n	
į ·	JAL REPORT <b>1998</b>		Secretary DIVISION OF C		Secretary of State	) /	
DOCUI	MENT # P	9300002	1838 (6)				
SYSNE	TICS, INC.						
Disabet Div	- f D.	10.	9				
Principal Place 14323 83RD F			iling Address BOX 41624				
SEMINOLE FL US			PETERSBURG FL 3374	3-624	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	·	
					- 03/19/1993		
<del></del>	lace of Business	_ ⊢⊸	Mailing Address		4. FEI Number Applied Fo		
21 <b>150</b> Suite, Apt.		26	<i>PO BOX 8</i> . Suite, Apt. #, etc.	335	59-3171877   Not Applic S8.75 Addition		
22 Su	ite 300 E	3 27			5, Certificate of Status Desired Fee Required	-a,	
City & State 23 Made	ira Beach,	FL 28	City & State Madeira Be		6. Election Campaign Financing \$5.00 May Be Added to Fees		
Zip 24 <b>3370</b> 9	8 25 14.5		zip 33738-8335	Country 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No		
24 33 70	9, Name and Addre	ss of Current Registe	ered Agent		10. Name and Address of New Registered Agent		
	BBEL, FRED C			81 Name	•	Ì	
	323 83RD PLACE N MINOLE FL 34646			82 Street	t Address (P.O. Fox Number is Not Acceptable)	,	
SEI	WINOLE FL 34040			83			
				84 Çity	85 Zip Code		
11, Pursuant I	to the provisions of Sect	ions 607.0502 and 60	7.1508, Florida Statutes	s, the above-named	d corporation submits this statement for the purpose of changing its register	ered	
agent, I ai	m familiar with, and acco	ept the obligations of,	Section 607.0505, Flori	ida Statutes.	rporation's board of directors. I hereby accept the appointment as register		
12.	Signature, typed or printed name	of registered agent and title if FFICERS AND DIREC		Registered Agent signature	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<del></del>	
TITLE	D		☐ DELETE	1.1 TITLE		dition	
NAME	HEBBEL, FRED C	- 41		1.2 NAME	Hebbel, Fred Colored		
STREET ADDRESS CITY-ST-ZIP	14323 83RD PLAC SEMINOLE FL	ΕN		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	14323 8319 Place N Seminole FL 33776	.	
TITLE	OLIMITOLL 1 L		DELETE	2.1 TITLE	Change X Ad	idition	
NAME				2.2 NAME	Hebbel, Kathleen	l	
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	14323 83rd Place N Seminole FL 33776	1	
TITLE		<del></del>	DELETE	3.1 TITLE	Change Add	dition	
NAME				3.2 NAME			
STREET ADORESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		ł	
TITLE			DELETE	4.1 TITLE	Change Add	Idition	
NAME				4. 2 NAME		}	
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE			☐ DELETE	5,1 TITLE	Change Add	dition	
NAME				5.2 NAME		1	
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST-ZIP			☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Add	dition	
NAME				6.2 NAME		İ	
STREET ADDRESS				6.3 STREET ADDRESS		}	
14. I hereby c	ertify that the information	n supplied with this fill	ng does not qualify for	6.4 CITY-ST-ZIP the exemption state	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the informa	tion	
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 or an attachment with an address.							
SIGNATURE: /SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date OR DAY OR							