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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90110 036 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071345

1. Corporation Name
OPEN SYSTEMS SOLUTIONS, INC.

Principal Place of Business
**15950 BAY VISTA DRIVE
SUITE 235
CLEARWATER FL 34620
US**

Mailing Address
**15950 BAY VISTA DRIVE
235
CLEARWATER FL 34620
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

59-3199991

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HERTZBERG, TODD F
1013 MAGNOLIA DRIVE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name **C T Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City **Plantation** FL 85 Zip Code **33324**

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

Anne E. Diamond
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Anne E. Diamond
Assistant Secretary

3/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **STOKES, DAVID P**
STREET ADDRESS **16617 FARNAM STREET**
CITY-ST-ZIP **OMAHA NE**

TITLE **VDS** ☒ DELETE
NAME **ROSS, PAUL D**
STREET ADDRESS **2763 ENTERPRISE ROAD EAST #77**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE
NAME **SHEPPARD, J WADE**
STREET ADDRESS **2067 ATTACHE CT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VDT** ☐ DELETE
NAME **CAUTHEN, KEITH A**
STREET ADDRESS **8345 MACOMA DR NE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition
1.2 NAME **Stokes, David P**
1.3 STREET ADDRESS **224 South 108 Avenue**
1.4 CITY-ST-ZIP **Omaha, NE 68154**

2.1 TITLE **P, D** ☒ Change ☐ Addition
2.2 NAME **Koscheski, Bobby Glen**
2.3 STREET ADDRESS **15950 Bay Vista Drive, Suite 235**
2.4 CITY-ST-ZIP **Clearwater, FL 34620**

3.1 TITLE **V, D** ☒ Change ☐ Addition
3.2 NAME **Sheppard, J. Wage**
3.3 STREET ADDRESS **15950 Bay Vista Drive, Suite 235**
3.4 CITY-ST-ZIP **Clearwater, FL 34620**

4.1 TITLE **VDT** ☒ Change ☐ Addition
4.2 NAME **Cauthen, Keith A.**
4.3 STREET ADDRESS **15950 Bay Vista Drive, Suite 235**
4.4 CITY-ST-ZIP **Clearwater, FL 34620**

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 any attachment with an address, with all other like empowered.

SIGNATURE:

David P. Stokes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Stokes, Secretary

3/22/99 (402) 390-8993
Date Daytime Phone #

CR2E034 (11/98)

0427090