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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084127 1. Corporation Name

SYSTEM 1, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90062 006 ***150.00



Principal Place of Business		Mailing Address		I SOMITORE THE PROPERTY MATERIAL MATERIAL WAS SELECTED AND A SELECTED A SELECTED AND A SELECTED AND A SELECTED AND A SELECTED A SELECTED A SE	iti aktai laili kiakt italä libil jaal jaki	
6801 SW 66TH AVENUE S. MIAMI FL 33143		6801 SW 66TH AVENUE S. Miami Fl 33143				
S. NIMMI FL SS	, , , , , , , , , , , , , , , , , , ,	O. MIRMI 12 00140		DO NOT WRITE IN	N THIS SPACE	
	,	•		3. Date incorporated or Qualifed	•	
	·			12/03/1993		4
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	4
21	<u></u>	26		65-0534948	Not Applicable	3
Suite, Apt.	#, etc.	Suite-Apt-#_etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	ì
22		City & State		6 Fleeties Compaign Financing	\$5.00 May Be	\dashv
City & State		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current y		1
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curre	<u> </u>		10. Name and Address of New Regis	stered Agent	\exists
			81 Name	marles M. Ha	MEIC 5 50-	
	RLING, JOHN M		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<u> </u>	1
	PAUM AVENUE		101	E. Kennedy B	100.	_
	SVILLE FL 32780		83 <	to 2700		
		•	84 City	<u> </u>	85 Zip Code	7
	<u> </u>		Ta	mpa	FL 33602	=
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statuti e of Florida, Such change was a	es, the above-named corp uthorized by the corporati	poration submits this statement for the purpoon's board of directors. I hereby accept the	oose of changing its registered appointment as registered	
agent. La	m familiar with, and accept the oblid	ations of Section 607.0505, Flo	rida Statutes.		1	
				1	, /9/1	
SIGNATURE	Mull	la_		4/5	/99	
SIGNATURE	Signature, types or printed name of registered as	gent and title if applicable. (NOTE	: Registered Agent signature require		RS AND DIRECTORS IN 12) g
SIGNATURE	OFFICERS A	gent and title if applicable. (NOTE	Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	<u> </u>	11 (00)
SIGNATURE 12. TITLE	OFFICERS A	gent and title if applicable. (NOTE	Registered Agent signature require		RS AND DIRECTORS IN 12	¥ (11(08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D STARLING, JOHN M 509 PALM AVENUE THOSVILLE FL 32780 STD BRUCE, J.M.	gent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Additions State Suite 270 0	7,000,00
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP