SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010466 (8)

SYSTEM TEK ENTERPRISE, INC.

| O. Sandarak | D1 | - 4 | n |
|-------------|-------|-----|----------|
| Principal | Place | Οī | Business |

Mailing Address

FILED Sep 18 1997 8:00am Secretary of State



Alalan

| 204 ROBBINS (DAVENPORT FI US | BINS REST CIR 204 ROBBINS REST CIR DAYENPORT FL 33837 US | | DO NOT WRITE IN THIS SPACE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|--|--|
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | | |
| | | | | 02/01/1994 | 08/07/1996 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 0 4 | A FE Number | Applied For | | |
| 21 25 | FORQY Crack Kd. | 26 235 Fo 99 | y Crack K | ø. 59-3223600 | Not Applicable | | |
| Suite, Apt. | #, etc./// | 27 Suite, Apr. #, etc.// | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | about Flo | City & State | Fl. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 33 1 | 27 Country 25 U.S.A. | 29 73837 30 | Country | This corporation owes or has pail Personal Property Tax due June | Lean , Lean , | | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | gistered Agent | | |
| RODRIGUEZ, LUIS M | | | | | | | |
| | ROBBINS REST CIRCLE | | B2 Street Ac | Idress P.O dox Number is Not Acceptable | le) A | | |
| | ENPORT FL 33837 | | 2 | 35 FOORY Crack | Kd | | |
| 7.4 | | | 83 | | | | |
| | | | 84 City | - | es Zio Codo | | |
| • | | | " City \(\sum_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiin\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\ti | Aven by F | FL 85 Zig Coll 27/2/2 | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above-named co | orporation sybmits this statement for the pu | urpose of changing its registered | | |
| office or r | egistered/tgent, or both, in the State c m familia with, and accept he obligat | ∄ Horida. Such change was autl ions o ≜ Section 607.0505. Floric | horized by the corpo la Statules. | ration's board of directors. I hereby accep | t the appointment as registered | | |
| SIGNATURE | Ti MA. | Percit | | | 9/12/97 | | |
| 5idir | | | egistered Agent signature re | quired when reinstating) | DATE | | |
| 12. | | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PSD | ∟ DELETE | 1.5 TOLE | Presidental CEO | Change L Addition | | |
| NAME | RODRIGUEZ, LUIS M | , | 1.2 NAME | Luis M. Kodriguez, | 5 | | |
| STREET ADDRESS | 7533 SUMMERLAKE CT. | | 1.3 STREET ADDRESS | 235 Fossy Creek Koin | 00n | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | 1.4 CITY-ST-ZIP | DAVERSOFT, Fl. 33 | <u> </u> | | |
| TITLE | VPTD | L.) DELETE | 2 1 THLF | | ☐ Change ☐ Addition C | | |
| NAME | RODRIGUEZ, IVAN | | 2.2 NAME • | | 1 | | |
| STREET ADDRESS | 5477 TIMBERLEAF BLVD., #110 | 3 | 23 STREET ADDRESS | | İ | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | 2 4 CHY-SI-ZIP | | | | |
| TITLE | | ☐ DELETÉ | 3 1 TITLE | | L_ Change L_ Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | İ | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TATLE | | L_] DELETE | 4.1 THILE | | ☐ Change ☐ Addition | | |
| NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | İ | 4.3 STREET ADDRESS | | j | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 4.4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | ∐ DELETE | 51 TITLE | | Change Addition | | |
| NAME | | | 52 NAME | | (4) (10) | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | /(') W/Y (') | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | 110 | | |
| TITLE | | ∐ DELET e | 61 THLF | | ☐ Change ☐ Addition | | |
| NAME | :1 | | 6 S NAME | 30000229 | | | |
| STREET ADDRESS | | 1 | 6.3 STREET ADDRESS | -09/22/970101 | 2003 | | |
| CITY-ST-ZIP | | in an air | 64 CITY-ST-ZIP | ***558.75 | | | |
| 14. I do 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 trusted 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. | | | | | | | |