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 # P94000024172

CITY-ST-ZIP ...

BASETEC OFFICE SYSTEMS OF ORLANDO II, INC.

Principal Place of Business		Mailing Address			's concent tim totis motes abilt anit, anit atten timt fant fint fant time.			
2480 W. SANDLAKE RD. 2480 W.		2480 W. SANDLAKE RD.	N. SANDLAKE RD.					
SUITE 208		SUITE 208						
		= =	ORLANDO FL 32809			DO NOT WRITE IN THIS SPACE		
US US		US			3. Date Incorporated or Qualifed			
·	<u> </u>				03/25/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For	
21 26					59-3238390		ot Applicable	
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75		
22 27					.	Fee Re	quired	
City & State					6. Election Campaign Financing	\$5.00		
23 28					Trust Fund Contribution	Added t	to Fees	
Zip Country Zip			Country		8. This corporation owes the current year Inta	~/	П.,	
<u> </u>			Personal Property Tax. Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	\gent		
STEIN, KIRCHNER LINDA				81 Name			•	
2481 W SANDLAKE RD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
SUITE 208					<u> </u>			
ORLANDO FL 32809			83					
URLANDO FL 32009			84	City		85 Zip (Code	
والمراجع والمراجع والمراجع	ranger en la		1 1		FL	11		
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 confidence of the appo								
SIGNATURE Storfsure, Wood or printed name of Registered acent and title if applicable. (NOTE: Registered Acent standard when reinstating) DATE DATE OF THE STORY OF THE STO								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri				signature req	ulred when reinstating) DATE	7	<u> </u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		$\mathcal{C}^{(1)} = \mathcal{C}_{\mathcal{C}}$	Change	Addition	
NAME	STEINKIRCHNER, LINDA L		1.2 NAME					
STREET ADDRESS	2480 W. SANDLAKE RD.	J	1.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	ORLANDO FL 1		1.4 CITY-ST	-ZIP				
TITLE	DELETE 2.1 TI		2.1 TITLE			Change	Addition	
NAME	2.2 N		2.2 NAME	-				
STREET ADDRESS	2.3		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S1	r-ZIP	•			
TITLE			3.1 TITLE	·		Change	☐ Addition	
NAME	ing the large state of the control o	· .	3.2 NAME					
STREET ADDRESS		ł	3.3 STREET	ADDRESS I				
CITY-ST-ZIP		3.4.0						
TITLE	on the first of the second		4.1 TITLE			Change	Addition	
NAME ,			4. 2 NAME			=		
STREET ADDRESS			4,3 STREET	ADORESS				
CITY-ST-ZIP		- jo,	4.4 CITY-ST	1				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME	•		5.2 NAME	·				
STREET ADDRESS	C.		5,3 STREET	ADDRESS				
	ingenia. Na		5.4 CITY-ST-	- 1				
CITY-ST-ZIP	* 1, 1 ×					☐ Change	☐ Addition	
	DELETE WITH		6.2 NAME				C) Addition	
NAME	ne ·		6.2 PERMIE	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:

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90064 008 ***150.00