Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90034 018 \*\*\*150.00

## 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 # P94000026464

COMPUVAC SYSTEMS, INC.										
	<u> </u>		. <u>.                                   </u>							
Principal Place of Business Mailing Address										
780 APEX ROAD 780 APEX ROAD										
SARASOTA FL 34240 SARASOTA FL 34240 US US							DO NOT WRITE IN THIS SP	ACE		
00							3. Date Incorporated or Qualifed			
ł							04/04/1994			
2. Principal Pl	ace of Business	2a.	Mailing Address			-	4. FEI Number	Ap	plied For	
21		26					65-0489274		t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A		
22								Fee Re	<del>:</del>	
<u> </u>	City'& State						6. Election Campaign Financing	\$5.00		
23	28			^			Trust Fund Contribution	Added to	o Fees	
Zip				Coun	uy		8. This corporation owes the current year Intang	lible ] Yes	□No	
24	9. Name and Address of Curren	29		0]			Personal Property Tax.  10. Name and Address of New Registered Ag			
	9. Name and Address of Curren	t Registi	ered Agent		31 Name					
-MAT	THEWS, TERENGE			L		BRI	UCE P. CHAPNICK C/O IC	CARD	MERRILL	
-5190 26TH ST W-					B2 Street	Addre <b>20</b>	ess (P.O. Box Number is Not Acceptable)			
0.1177					B3	40	33 MAIN STREET, SOILE	<u> </u>	<del></del>	
BRADENTON FL 34207										
					B4 City	54.	RASOTA FL	2ip C	237	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name						1 corno	pration submits this statement for the purpose of chi	anging 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.										
} -	m tamiliar with, and accept the obliga	uons or,	Section 607.0505, Fiorit	Ja Statu	ies.				J	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if	applicable. (NOTE: R	tegistered A	gent signature	required	when reinstating) DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO		
TITLE	P	DELETE 1:		1.1 TITL	E	P	-	Change	☐ Addition	
NAME	GLANZ, RICHARD 12		1.2 NAM	Æ	6	LANZ, RICHARD				
STREET ADDRESS	1985 CATTLEMEN RD., UNIT C 133		1.3 STR	EET ADDRESS	78	LANZ, RICHARD				
CITY-ST-ZIP	SARASOTA FL 140		1.4 CIT	r-ST-ZIP	5	TARAGOTA FL 34240				
TIRE	☐ DELETE 2.1 T		2.1 TITU	E			] Change	☐ Addition		
NAME				2.2 NAM	Æ.				}	
STREET ADDRESS				2.3 STF	EET ADDRESS	3				
.CITY-ST-ZIP		<u>~</u>		. 2. 4 СП	Y-ST-ZIP	<u> </u>	<del></del>			
TITLE			☐ DELETE	3.1 TITL	E		[	] Change	Addition	
NAME				3.2 NA	Æ				j	
STREET ADDRESS				3.3 STF	EET ADORES	3				
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STF	EET ADDRES	3				
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP	_		7.05		
TITLE	, i		☐ DELETE	5.1 TITL				] Change	Addition	
NAME				5.2 NA						
STREET ADDRESS					EET ADDRES	5				
CITY-ST-ZIP				5.4 CIT	Y-ST-ZIP					

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition