

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90033 001 ***150.00

DOCUMENT # P94000048272

1. Corporation Name
SCI-FI SUPPLY, INC.

Principal Place of Business
1541 JASON STREET
KISSIMMEE FL 34744

Mailing Address
1541 JASON STREET
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

2. Principal Place of Business

2a. Mailing Address

21 3034 STILLWATER DR

26 3034 STILLWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

Zip

Country

USA

Zip

Country

USA

24 34743

25

DELETED

29

34743

30

USA

4. FEI Number

59-3246478

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYDE, DAVID S
1541 JASON STREET
KISSIMMEE FL 34744

81 Name

DAVID S. HYDE

82

Street Address (P.O. Box Number is Not Acceptable)

83

3034 STILLWATER DR

84

City

KISSIMMEE

FL

85

Zip Code

34743

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HYDE, DAVID S
STREET ADDRESS 1541 JASON STREET
CITY-ST-ZIP KISSIMMEE FL 34744

DELETE

1.1 TITLE P
1.2 NAME HYDE, DAVID S.
1.3 STREET ADDRESS 1541 JASON ST
1.4 CITY-ST-ZIP KISSIMMEE, FL 34744

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE V
2.2 NAME J.P. HYDE
2.3 STREET ADDRESS 3034 STILLWATER DR.
2.4 CITY-ST-ZIP KISSIMMEE, FL 34743

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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:

David S. Hyde
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5-1-99

Date

(407) 348-9556

Daytime Phone #

CR2E034 (11/98)