

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90151 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000069353			
1. Corporation Name LINTECH SYSTEMS, INC.			
Principal Place of Business 3551 NW 91ST LN SUNRISE FL 33351		Mailing Address 3551 NW 91ST LN SUNRISE FL 33351	
2. Principal Place of Business 21 12082 NW 44 <sup>th</sup> ST Suite, Apt. #, etc. 22 City & State 23 SUNRISE, FL Zip 24 33323 25 Country		2a. Mailing Address 26 12082 NW 44 <sup>th</sup> ST Suite, Apt. #, etc. 27 City & State 28 SUNRISE, FL Zip 29 33323 30 Country	
9. Name and Address of Current Registered Agent PITTER, CARL 7447 NW 57 STREET TAMARAC FL 33319			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	LINTON, MICHAEL	1.1 TITLE	P/T/D
STREET ADDRESS	11159 NW 39TH ST., #303	1.2 NAME	LINTON, MICHAEL
CITY-ST-ZIP	SUNRISE FL	1.3 STREET ADDRESS	12082 NW 44th ST
TITLE	D	1.4 CITY-ST-ZIP	SUNRISE, FL 33323
NAME	LINTON, GEORGE T	2.1 TITLE	
STREET ADDRESS	3551 NW 91ST LN	2.2 NAME	
CITY-ST-ZIP	SUNRISE FL 33351	2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.99

Date

(954) 749-8505

Daytime Phone #

CR2E034 (11/98)