

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -2 AM 11:26

DOCUMENT # P94000069353

1. Corporation Name

LINTECH SYSTEMS, INC.

Principal Place of Business

12082 NORTH WEST 44 STREET  
SUNRISE, FL 33323

Mailing Address

12082 NORTH WEST 44 STREET  
SUNRISE, FL 33323

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21

26

65-0562168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.022,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTER, CARL S  
7447 NORTH WEST 57TH STREET  
TAMARAC, FL 33319

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME

MICHAEL LINTON

1.2 NAME

STREET ADDRESS

12082 NORTH WEST 44 STREET  
SUNRISE, FL 33323

1.3 STREET ADDRESS

600003260256--1  
-05/19/00--01117--016

CITY - ST - ZIP

SUNRISE, FL 33323

1.4 CITY - ST - ZIP

\*\*\*\*150.00 \*\*\*\*150.00 Addition

TITLE DIRECTOR ☐ DELETE

2.1 TITLE

NAME

GEORGE LINTON

2.2 NAME

STREET ADDRESS

3551 NORTH WEST 91 LANE  
SUNRISE, FL 33351

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

CITY - ST - ZIP

SUNRISE, FL 33351

TITLE ☐ DELETE

3.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Linton

MICHAEL LINTON  
DIRECTOR

4.29.00

Date

Daytime Phone #