

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**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 047 \*\*\*450.00

DOCUMENT # *P950000 14115*

1. Corporation Name

*MATHAR INTEGRATED SYSTEMS, INC.* ✓

Principal Place of Business

Mailing Address

*1740 NW 111 AVENUE  
CORAL SPRINGS, FL 33071*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*2/17/95*

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 *1740 NW 111 AVE*

26 *1740 NW 111 AVE*

*65-0558120* ✓

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  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

23 *CORAL SPRINGS FL*

28 *CORAL SPRINGS FL*

Zip

Country

Zip

Country

24 *33071*

25 *USA*

29 *33071*

30 *USA*

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

*RONALD C. HARSHMAN  
1740 NW 111 AVE  
CORAL SPRINGS, FL 33071*

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, PRES, SEC, TREAS* ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

*RONALD C HARSHMAN*

1.2 NAME

STREET ADDRESS

*1740 NW 111 AVE*

1.3 STREET ADDRESS

CITY-ST-ZIP

*CORAL SPRINGS FL 33071*

1.4 CITY-ST-ZIP

TITLE

*DIRECTOR* ☒ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

*HELENE G. HARSHMAN*

2.2 NAME

STREET ADDRESS

*300 PALM CIRCLE EAST*

2.3 STREET ADDRESS

CITY-ST-ZIP

*PEMBROKE PINES FL 33025*

2.4 CITY-ST-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

3.2 NAME

STREET ADDRESS

☐ DELETE

3.3 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

4.2 NAME

STREET ADDRESS

☐ DELETE

4.3 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

5.2 NAME

STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

6.2 NAME

STREET ADDRESS

☐ DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

6.6 NAME

STREET ADDRESS

☐ DELETE

6.7 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.8 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:

*RONALD C HARSHMAN*

*4/12/99*

*954-341-2772*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #