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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000024153

1. Corporation Name

SYSTEM EXCELERATOR, INC.

Principal Place	e of Business	Mailing Address		_			1	}U 1048  B       00}			
P.O. BOX 61750		P.O. BOX 617501	P.O. BOX 617501								
ORLANDO FL 3		ORLANDO FL 32861	ORLANDO FL 32861				DO NOT WRITE IN THIS SPACE				
US		US				-	. Date Incorpor			S SPACE	
						3.	03/24/199		<b>3</b> 0		
2 Principal Pl	lace of Business	2a. Mailing Address				4.	. FEI Number	<u>.                                    </u>		A	pplied For
21	lace of Business	26	-				59-331648	13			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, et	c.							\$8.75	Additional
22		27				5.	. Certifcate of S	Status Desired		Fee R	equired
City & State	e	City & State				6.	. Election Cam	paign Financin	9 🗆	\$5.00	May Be
23		28					Trust Fund C	ontribution		Added	to Fees
Zip	Country	Zip		Country		8.	. This corporati		urrent year l		<b>.</b>
24	25	29	30			1	Personal Pro	-		☐ Yes	X No
	9. Name and Address of Curre	ent Registered Agent		81	Nama	10	. Name and A	ddress of Nev	v Registere	d Agent	
1440	DIE DOBEDT O			61	Name						
	rks, robert o E. Robinson St.			82	Street	Address (I	P.O. Box Numb	er is Not Acce	ptable)		
	E. ROBINSON ST. TE 865			83						·····	
	ANDO FL 32801			03	}						ì
OnL	ANDO 1 E 32001			84	City				F	85 Zip	Code
	to the provisions of Sections 607.05	100 and 607 4500. Florida	Ctatutas, the	a above	namad	cornoratio	an eubmite this	statement for the	-		s registered
l office or n	registered agent or both in the State	e of Florida. Such change.	was authoriz	zed by	the corn	pration's b	oard of director	s. I hereby acc	cept the app	ointment as re	egistered
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agent. I a	im familiar with, and accept the oblig	ations of, Section 607.050	05, Florida Si	tatutes							ļ
agent. I a	im familiar with, and accept the oblig	pations of, Section 607.050	05, Florida Si	tatutes			_		DATE		
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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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SANG OFFICER OR DIRECTOR