

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032785 (4)

1. Corporation Name

ALTA SYSTEMS TECHNOLOGY, INC.



Principal Place of Business

7381 - 114TH AVENUE N.
SUITE 403-A
LARGO FL 34643

Mailing Address

7381 - 114TH AVENUE N.
SUITE 403-A
LARGO FL 34643

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1511 Gulf Blvd.

26 1511 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27 Suite 5

City & State

City & State

23 Indian Rocks Beach, FL

28 Indian Rocks Beach, FL

Zip Country

Zip Country

24 34635

25

29 34635

30

4. FEI Number

59-3313353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAVANAGH, ANTHONY R
7381 - 114TH AVENUE N.
SUITE 403-A
LARGO FL 34643

81 Name

Kavanagh, Anthony R.

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

1511 Gulf Blvd.

83

Suite 5

84 City

Indian Rocks Beach

FL

85 Zip Code
34635

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME KAVANAGH, ANTHONY R
STREET ADDRESS 15 EVONAIRE CIRCLE
CITY-ST-ZIP BELLEAIR FL 34616

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)