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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9  1. Corporation Name	5000046276

PROJACS USA, INC.

Principal Place of Business	Mailing Address
828 VENTURI CT. MELBOURNE FL 32940	828 VENTURI CT. MELBOURNE FL 32940

**FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90038 034 \*\*\*150.00



828 VENTURI CT.							
828 VENTURI CT. MELBOURNE FL 32940		828 VENTURI CT. MELBOURNE FL 32940		DO NOT WRITE IN T	HIS SPACE		
MELBOURINE FL.	32340				3. Date Incorporated or Qualifed		
					06/09/1995 4. FEI Number	Appli	ied For
2. Principal Plac	ce of Business	2a. Mailing Address			1		Applicable
21		26			02-4225651	\$8.75 Ad	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ	
22		27			Time Compiled	\$5.00 M	lav Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28			8. This corporation owes the current year	r Intangible	
Zip	Country	Zip _	Country	у	Personal Property Tax.	☐Yes [	⊒No Ì
24	25	143	30		10. Name and Address of New Register	red Agent	•
	9. Name and Address of Curren	t Registered Agent	81	1 Name	10. Name and tours		_
			(*)	1			
	APSON, LYNNE R		82	2 Street A	Address (P.O. Box Number is Not Acceptable)		
529 E	. NEW HAVEN AVE		<u> </u>				
MELE	OURNE FL 32901		8:	3	•		
			84	4 City		85 Zip C	ode
				1 1		FL	- sistered
<del></del>	the receiping of Sections 607 050	2 and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its repeated in the second se	istered
11. Pursuant to	egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the a		
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0305, Fion	iua Otatute				
SIGNATURE		(NOTE:	Registered Ag	ent signature re	equired when reinstating) DA		
	Signature, typed or printed name of registered age	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
	DEFILERS AL						
12.		DELETE			D D	☐ Change	Addition
12. TITLE	DP	☐ DELETE	1.1 TITLE	F	D D	☐ Change	<b></b> Addition •
	DP DELL'ISOLA, ALPHONSE J	☐ DELETE	1.1 TITLE 1.2 NAME	E EET ADDRESS	Al OTAISHAN, Abdulazi	☐ Change	Addition
TITLE	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT.	☐ DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE	E EET ADDRESS	Al OTAISHAN, Abdulazi	☐ Change	Addition
TITLE NAME	DP DELL'ISOLA, ALPHONSE J	☐ DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	E EET ADDRESS - ST-ZIP	D D	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT. MELBOURNE FL 32940 D KHOURY, LUAY S	☐ DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	E EET ADDRESS - ST-ZIP E	Al OTAISHAN, Abdulazi	□ Change z T. Dr.	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT. MELBOURNE FL 32940 D KHOURY, LUAY S 828 VENTURI CT. MELBOURNE FL 32940 D	☐ DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT	EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP E	Al OTAISHAN, Abdulazi	Change  Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT. MELBOURNE FL 32940 D KHOURY, LUAY S 828 VENTURI CT. MELBOURNE FL 32940 D AL SALEH, FUAD S DR 828 VENTURI CT. MELBOURNE FL 32940 D QADDUMI, NABIL H DR 828 VENTURI CT. MELBOURNE FL 32940	DELETE  DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITT 5.2 NAM 5.3 STR	EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP	Al OTAISHAN, Abdulazi 828 Venturi Ct. Melbourne. Fl 32940	Change  Change  Change	Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT. MELBOURNE FL 32940 D KHOURY, LUAY S 828 VENTURI CT. MELBOURNE FL 32940 D AL SALEH, FUAD S DR 828 VENTURI CT. MELBOURNE FL 32940 D QADDUMI, NABIL H DR 828 VENTURI CT. MELBOURNE FL 32940	☐ DELETE ☐ DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.1	EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP	Al OTAISHAN, Abdulazi 828 Venturi Ct. Melbourne. Fl 32940	Change  Change  Change  Change	Addition  Addition  Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP DELL'ISOLA, ALPHONSE J 828 VENTURI CT. MELBOURNE FL 32940 D KHOURY, LUAY S 828 VENTURI CT. MELBOURNE FL 32940 D AL SALEH, FUAD S DR 828 VENTURI CT. MELBOURNE FL 32940 D GADDUMI, NABIL H DR 828 VENTURI CT. MELBOURNE FL 32940	DELETE  DELETE	1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITLE 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAM 6.3 STR	EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP	Al OTAISHAN, Abdulazi 828 Venturi Ct. Melbourne. Fl 32940	Change  Change  Change  Change	Addition  Addition  Addition

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.