Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 048 \*\*\*150.00

## 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

## DOCUMENT # P95000096542

VIKING S	systems international,	INC.						
Principal Place	e of Business	Mailing Address					8 (811) BIND BILL 8	Nes mer (88)
2708 DESOTO ROAD 2708 DESOTO ROAD								
SARASOTA FL 34234 SARASOTA FL 34234						DO NOT WEST IN THE	0.00405	
,	_					DO NOT WRITE IN THI	SSPACE	
	• .					3. Date Incorporated or Qualifed		
		0 - 44-Ni 4-H				01/01/1996 4. FEI Number	T-T Apr	plied For
2. Principal Place of Business 2a. Mailing Address						NOT APPLICABLE	1	Applicable
21	#	26 Suito Ant # otc	Suite, Apt. #, etc.			NOT AFFLICABLE	\$8.75 A	
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		-	<b></b>	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25 29		30	30		Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Registere	1 Agent	
		NEGEL OLIDED		81	Name			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82 Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE								
COR	IAL GABLES FL 33134			83				
			ŀ	84	City		85 Zip C	Code
	* wer				•	<b></b>		4 6 7 6 6 6
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Such change was	authorized	וו עמונ	named corpo e corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its in pintment as reg	registered jistered
SIGNATURE	• .							
	Signature, typed or printed name of registered age			Agent s	ignature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12
12.		ID DIRECTORS	13.	n c		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PTD ANDERSON E.B.	ויין מבובוב			İ		(	_
NAME	ANDERSON, E.B.			1.2 NAME				
STREET ADDRESS	2708 DESOTO ROAD			1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34234			1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE				2.2 NAME				- (
NAME	ANDERSON, JENNY				DDDECC			ļ
STREET ADDRESS	2708 DESOTO ROAD SARASOTA FL 34234	*			DDRESS			
CITY-ST-ZIP TITLE	SARASUTA FL 34234			2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
NAME		C SCILIC	3.1 M		1			_ [
]			1 .	-	DORESS .			<u> </u>
STREET ADDRESS		· • •		ITY-ST-	1 7	and the second s	-	],
CITY-ST-ZIP TITLE		☐ DELETÉ	4.1 TII				☐ Change	Addition
NAME		/-	4. 2 N				-	
STREET ADDRESS					DORESS			ļ
				TY-ST-				}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT				☐ Change	☐ Addition
NAME			5.2 NA					1
STREET ADDRESS	,	J			DORESS			
CITY-ST-ZIP				TY-ST-				
TITLE		☐ DELETE	6.1 TIT				☐ Change	Addition
			6.2 NA	<b>AME</b>				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 anodal 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the report of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of the corporation 
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

YUKE REQUIRED

941-366-680