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 # P9600007456 1. Corporation Name

MAIERS SYSTEMS, INC.

	·									
Principal Place of E	Business	Mailing Address			-		1 (BOILBOI I.D 18110 B3114 B2131 BB115 DB1		aisi 1821 ata	01 Attin Atti 1881
11310 SATELLITE BLVD.							DO NOT WRITE IN	THIS	SPACE	
						1 -	Date Incorporated or Qualifed 01/24/1996			•
2. Principal Place of Business 2a. Mailing Address					·		FEI Number			opplied For
21		26			- - -		59-3358893			lot Applicable
Suite, Apt. #, etc	С.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			Additional Required
City & State		City & State				1	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zip 30	Country	•			This corporation owes the current y Personal Property Tax.		angible ⊠Yes	□No
	Name and Address of Current					10.	Name and Address of New Regis	tered /	Agent	
			81	Nai	me					
MAIERS, GERALD 11310 SATELLITE BLVD.			82	82 Street Ad			O. Box Number is Not Acceptable)		_ _	
ORLANDO FL 32837			83		-					i.,
			84	Cit	у			FL	85 Zig	Code
I office or regist.	e provisions of Sections 607.0502 ered agent, or both, in the State of miliar with, and accept the obligation	Fiorida Such channe was auft	nonzed by	the c	ned corpo corporation	ration n's bo	n submits this statement for the purp pard of directors. I hereby accept the	ose of appoir	changing i ntment as	ts registered registered
SIGNATURE							,	ATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS					ture required		ADDITIONS/CHANGES TO OFFICE		D DIRECT	ORS IN 12
TITLE D	OFFICERS AND	□ DELETE	1,1 TITLE	-			DB///O/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/		Change	
	AIERS, GERALD		1.2 NAME		1					
I I	12088 BLACKHEATH CIRCLE			1.3 STREET ADDRESS						
-	RLANDO FL 32837		1.4 CITY-S							
TITLE D				2.1 TITLE					Change	Addition
	MAIERS, CHARLES		2.2 NAME							
			2.3 STREET ADDRESS		ESS			. .		
	RLANDO FL		2.4 CITY-5	ST-ZIP						
TITLE	<u></u>	☐ DELETE	3.1 TTLE						Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADOR	ESS					
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP]					

6.4 CITY+ST-ZIP 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.

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

1:

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

□ DELETE

DELETE

4-15-99

407-850-0697

[☐ Change

☐ Change

Change

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Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90153 040 ***150.00