FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013727 (8)

VARIEX SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
2415 CHINOOK TRAIL	2415 CHINOOK TRAIL
MAITLAND FL 32751	MAITLAND FL 32751

FILED Mar 09 1998 8:00am Secretary of State

	TARIES GIGIENO GOI								
Principal Place of Business Mailing Address						L LEGILORI VER KOLIG BOTH BOSH BOSH DOLIGI HARDE HINN 19019 1101/ 1201 1201			
2415 CHINOOK TRAIL MAITLAND FL 32751			2415 CHINOOK TRAIL MAITLAND FL 32751			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 02/13/1996			
2.	Principal Place of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For			
Suite, Ap1 #, etc.		26	26 Suite, Apl. #, etc.			59-3362648 Not Applicable			
						Certificate of Status Desired Section Section			
City & State		City & State	• ··· ₁			Election Campaign Financing Trust Fund Contribution Added to Fees			
24	Zip Cour 25	zip Zip 29]	30	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	HUMPHRIES, J. GREG 201 EAST PINE STRE SUITE 701			81 82 83	Name Street Addre	dress (P.O. Box Number is Not Acceptable)			
	ORLANDO FL 32801			84	City	as Zip Code			

L						
office or re	to the provisions of Sections 607,0502 and 60 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of,	i Such change was a	authorized by the corpora	rporation submits this statement ation's board of directors. I he	ent for the purpose of changing is ereby accept the appointment as	its registered s registered
SIGNATURE	Signature, lyped or periled cause of registered agent and little if	arrolical.to (NOTE	Registered Agent signature requ	ired when reinstaling)	DATE	
12.	OFFICERS AND DIRECT		13.	· · · · · · · · · · · · · · · · · · ·	TO OFFICERS AND DIRECTOR	29 IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONATION	☐ Change	Addition
NAME	GILLEN, CHARLES T	23	1.2 NAME			
STREET ADDRESS	2415 CHINOOK TRAIL		1.3 STREET ADDRESS			
!	MAITLAND FL		I 1			
CITY-ST-ZIP TITLE	D	DELETE	1 4 CHY-ST-ZIP 2.1 TITLE		Change	Addition
NAME	HOFFMAN, ROBERT T	Detter			CT Change	L_ rodition
\			2.2 NAME			
STREET ADDRESS	4251 WILLOW BAY DRIVE		2.3 STREET ADDRESS		ter .	
CITY-ST-ZIP	WINDERMERE FL 34786	- Priese	2. 4 CITY-ST-ZIP			1 4 ddistan
TITLE	D	DELETE	3.1 TITLE		Change	Addition
NAME	WALKER, STEVEN H		3.2 NAME			
STREET ADDRESS	P.O. BOX 1267		3 3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786-1267		3.4. CITY - ST - 7IP			
TITLE		DELETE	4.1 T/TLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELFTE	5.1 TiTLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
				O LINE ALLO DISCOVER FILE COLUMN		

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 is 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.

SIGNATUREX CHARLES T. GILLEN