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 # P9600031770

1. Corporation Name

E-TECH	SYSTEMS, INC.									
Dringing Diag	o of Business	Mailing Address						 		
Principal Place of Business Mailing Address 2447 W KENNEDY DOWN EVADD										
2117 W KENNEDY BOULEVARD 2117 W KENNEDY BOULEVARD TAMPA FL 33606										
							NOT WRIT	E IN THIS	SPACE	
ļ.						3. Date incorporated	or Qualifed			
						04/08/1996				
⊢ – '	lace of Business	2a. Mailing Address				4. FEI Number				plied For
21	и	26				59-3378090				ot Applicable
Suite, Apt.	#, e{c.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired		\$8.75 / Fee Re	Additional equired
	City & State City & State				 .	6. Election Campaign	Financing			May Be
23	28			Trust Fun			ution		Added	
Zip 24	Country Zip Cour 25 29 30					8. This corporation of Personal Property		ent year Int	angible X Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Addres		ealstered .		
81 Name							<u> </u>			
DIAZ, JOSEPH L				Stree	t Addres	ss (P.O. Box Number is	Not Accepta	bie)		
2522 W KENNEDY BOULEVARD										
TAMPA FL 33609			83							
,			84	City					85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					d corpor	ration submits this states	want for the	FL	shanaina ita	rogistored
office or re	egistered agent, or both, in the State of	Florida. Such change was au	thorized by	the cor	poration	's board of directors. I h	ereby accept	t the appoir	ntment as re	gistered
_	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: 6	Registered Agen	t signature	required w	vhen reinstating)	 -	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANG	SES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		P-	- D			Change	Addition
NAMÉ ,	CELEIRO, ERIC		1.2 NAME		C 1	eleiro, E	rick	A		
STREET ADDRESS	2117 W KENNEDY BOULEVARD 1.3			ADDRES	s					
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST	-ZiP	<u> </u>					
TITLE	D	□ DELETE	2.1 TITLE		NF	D-D			Change	Addition
NAME	CLARKE, PATRICK B		2.2 NAME		1					
STREET ADDRESS	2117 W KENNEDY BOULEVARD		2.3 STREET	ADDRESS	s					
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-S	r-zip_	<u> </u>	· · ·				2 7
TITLE	•	☐ DELETE	3.1 TITLE		5/	T-D			Change	Addition
NAME	•		3.2 NAME		4	MEYER,	ANDRI	EW E		
STREET ADDRESS	•		3.3 STREET	ADDRES!	5	2117 W	KENN			
CITY-ST-ZIP			3.4. CITY-ST	r-ZIP		TAMPA	FL	334	06	
TITLE		☐ DELETE	4.1 TITLE			•			☐ Change	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRES:	s					
CITY-ST-ZiP			4.4 CRY-ST	- 2IP						
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME	•		5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS	3					
CITY-ST-ZIP			5.4 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 coerciver of fusite 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 a lattampent with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

> REQUIRED SIGNATURE AND TYPED OR

□ DELETE

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90306 044 ***150.00

813-258-8324

Change

☐ Addition |