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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000040741

1. Corporation Name

MIRAGE SYSTEMS, INC.

|   | e of Business   | Mailing Address   |  |   | 1  |                    |                       |
|---|---|---|--|---|--|--------------------|-----------------------|
| ISOIA LEXINGT   | ON AVE  | P.O BOX 820   |  |   |  |                    |                       |
| JNIT #3   |   | DELAND FL 32721-0820  |  |   | DO NOT IMPLIE IN THE   | IC CDACE           |                       |
| DELAND FL 32724   |   | US  |  |   | DO NOT WRITE IN TH   | IS SPACE           |                       |
| JS  |   |   |  |   | 3. Date Incorporated or Qualifed   |                    |                       |
|   |   | <del>,</del>  |  |   | 05/09/1996   | <del></del>        |                       |
| <ol><li>Principal P</li></ol>   | lace of Business  | 2a. Mailing Address   |  |   | 4. FEI Number  | <b>⊢</b> —         | pplied For            |
| 1   |   | 26  |  |   | 59-3383589   | <del></del>        | ot Applicat           |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |  |   | 5. Certifcate of Status Desired  |                    | Additional<br>equired |
| 2 City & Stat   | te ver ere .  | City & State  |  |   | 6. Election Campaign Financing   | \$5.00             | May Be                |
| :3]   |   | 28  | •  | •   | Trust Fund Contribution  |                    | to Fees               |
| Zip   | Country   | Zip   | Country  |   | 8. This corporation owes the current year  | Intangible         |                       |
| 4   | 25  | 29  | 30   |   | Personal Property Tax.   | Yes                | □No                   |
| <u> </u>  | 9. Name and Address of Curren   |   |  |   | 10. Name and Address of New Registere  | d Agent .          |                       |
|   |   |   | 81   | Name  | 1  | \$                 | <b>,</b> ,            |
| THOMPSON, DANIEL W  |   |   | 82   | Ctroot Add  | ress (P.O. Box Number is Not Acceptable)   | <del></del>        | <del></del>           |
| 1501A LEXINGTON AVE   |   |   | [52]   | Street Addr   | ress (F.O. DOX MUITIDBLIS MOT ACCEPTABLE)  |                    |                       |
| DELAND FL 32724   |   |   | 83   |   |  |                    |                       |
|   |   |   |  |   |  | 725                | 0-4-                  |
|   |   |   | 84   | City  | F  | <b>85</b> Zip      | Code                  |
| agent, f a  | registered agent, or both, in the State t<br>am familiar with, and accept the obligat   | of Florida. Such change was au<br>tions of, Section 607.0505, Flori                                       | thorized by 1  | the corporation   | oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the purpose on the purpose on the purpose of the pur | pointment as re    | egistered             |
| agent. f a  | m familiar with, and accept the obligat   | tions of, Section 607.0505, Flori   | ithorized by i<br>ida Statutes.  | the corporation   | on's board of directors. I nereby accept the app   | pointment as re    | egistered             |
| agent. f a  | m familiar with, and accept the obligat   | it and title if applicable. (NOTE:  | ithorized by ida Statutes.   | the corporation   | on's board of directors. I nereby accept the app   | ooinment as re     | egistereu<br>————     |
| agent. f a<br>SIGNATURE   | Im familiar with, and accept the obligated signature, typed or printed name of registered agent OFFICERS AN   | tions of, Section 607.0505, Flori   | ithorized by i<br>ida Statutes.  | the corporation   | on's board of directors. I nereby accept the applications and when reinstating)  | ooinment as re     | ORS IN 12             |
| agent. f a SIGNATURE  12. TITLE   | sim familiar with, and accept the obligation of | tions of, Section 607.0505, Flori<br>at and title if applicable. (NOTE:                                   | thorized by ida Statutes.  Registered Agent  | the corporation   | on's board of directors. I nereby accept the applications and when reinstating)  | AND DIRECTO        | ORS IN 12             |
| agent. f a SIGNATURE  12.  TITLE NAME   | Signature, typed or printed name of registered agen OFFICERS AN PSD THOMPSON, DAN W   | tions of, Section 607.0505, Flori it and title if applicable. (NOTE:  D DIRECTORS                         | Registered Agent  13.  | t signature require                                     | on's board of directors. I nereby accept the applications and when reinstating)  | AND DIRECTO        | ORS IN 12             |
| agent. f a SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered agen OFFICERS AN PSD THOMPSON, DAN W 148 SOUTH COLORADO AVEN   | tions of, Section 607.0505, Flori it and title if applicable. (NOTE:  D DIRECTORS                         | Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET   | t signature require                                     | on's board of directors. I nereby accept the applications and when reinstating)  | AND DIRECTO        | ORS IN 12             |
| agent. f a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered agen OFFICERS AN PSD THOMPSON, DAN W 148 SOUTH COLORADO AVEN DELAND FL 32174   | tions of, Section 607.0505, Flori it and title if applicable. (NOTE:  D DIRECTORS                         | Registered Agent  13. 1.1 TITLE  1.2 NAME  | t signature require                                     | on's board of directors. I nereby accept the applications and when reinstating)  | AND DIRECTO        | ORS IN 12             |
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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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

255CNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

904-740-9222

☐ Change

Change

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90170 021 \*\*\*150.00

Addition

Addition