

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90047 038 ***150.00

DOCUMENT # P96000044004

1. Corporation Name
EXEC-TECH SOLUTIONS, INC.

Principal Place of Business

~~400 NW 12TH ST~~
~~DELRAY BEACH FL 33444~~
US

Mailing Address

~~400 NW 12TH ST~~
~~DELRAY BEACH FL 33444~~
US

2. Principal Place of Business

21 1810 LAKE DRIVE
Suite, Apt. #, etc.

22 City & State

23 DELRAY BEACH FL

24 33444 25 USA

2a. Mailing Address

26 1810 LAKE DRIVE
Suite, Apt. #, etc.

27 City & State

28 DELRAY BEACH FL

29 33444 30 USA

9. Name and Address of Current Registered Agent

HOLMES, FRANK L
400 NW 12TH ST
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0666736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

HOLMES, FRANK L

82 Street Address (P.O. Box Number is Not Acceptable)

1810 LAKE DRIVE

83

84 City

DELRAY BEACH

85

Zip Code

33444

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HOLMES, FRANK L
STREET ADDRESS 400 NW 12TH ST
CITY-ST-ZIP DELRAY BCH FL

TITLE VTSD ☐ DELETE
NAME HOLMES, AMY
STREET ADDRESS 400 NW 12TH ST
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HOLMES, FRANK L
1.3 STREET ADDRESS 1810 LAKE DRIVE
1.4 CITY-ST-ZIP DELRAY BEACH FL 33444

2.1 TITLE VTSD ☒ Change ☐ Addition
2.2 NAME HOLMES, AMY
2.3 STREET ADDRESS 1810 LAKE DRIVE
2.4 CITY-ST-ZIP DELRAY BEACH FL 33444

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/99

(561) 997-2463

CR2E034 (11/98)