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 # P96000054341

THIDNIKEY DATA CYCTEMS INC

	STOTEMO, INC.				
Principal Place of Busines	s	Mailing Address		.	1121 21111 21333 11111 31331 1147 1441
1001 WEST JASMINE DRIVE SUITE H		1901 WEST JASMINE-DRI	VE~		·
LAKE PARK FL 33403				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed 06/25/1996	· ·
a District Disease of Bush		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Busin			LYWOOD ST	65-0685234	Not Applicable
21 Code Ant # ata		Suite, Apt. #, etc.	TET GOOD GI		\$8.75 Additional
Suite, Apt. #, etc.	 	27		5. Certifcate of Status Desired	Fee Required
City & State		_City & State		6. Election Campaign Financing	\$5:00 May Be
City & State				FL Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
<u> </u>		29 33418	30 USA	Personal Property Tax.	· ☐ Yes X No
24 0 Name	and Address of Current Re		30 51 5 6	10. Name and Address of New Register	ed Agent
3, realite	and Addition of California		81 Name		
OLOWIN, MICH	IAEL		20 01 11	dance (D.O. Bou Nivelian is Not Assentable)	
-1001-W JASMINE-			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
-STE. H			83	7,1000,1100	
-LAKE PARK FL	33477			·	
			84 City		EL 85 Zip Code 334/8
11. Pursuant to the provis	sions of Sections 607.0502 an	nd 607.1508, Florida Stat	stee the above named o	ornoration submits this statement for the number	of changing its registered
office or registered ag	ient, or both, in the State of Fi ith, and accept the <u>ob</u> ligations	iorida. Such change was s of. Section 607.0505. F	authorized by the corpo lorida Statutes.	ration's board of directors. I hereby accept the ap	/
ayent. Fant familiar to	ial, and according the grant				
2/2	400 196			2/19/	99
SIGNATURE Signature, types	or printed name of registered agent and	<u></u>	E: Registered Agent signature re-	uured when reinstating) DATE	99
SIGNATURE Signature, types	or printed name of registered agent and OFFICERS AND D	title if applicable. (NO		ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
Signature, types		title if applicable. (NO	E: Registered Agent signature re-		AND DIRECTORS IN 12 Change Addition
12. TITLE D	OFFICERS AND D	title if applicable. (NO	TE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	
Signature, typed 12. TITLE D NAME OLOWIN	OFFICERS AND D	SUBJECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change
12. TITLE D OLOWIN STREET ADDRESS % 1001	OFFICERS AND D MICHAEL J WEST JASMINE DR. SUITE	SUBJECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90047 014 ***150.00