

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088750 (0)

1. Corporation Name
HVS SYSTEMS, INC.

FILED
May 01 1997 8:00am
Secretary of State



Principal Place of Business
~~22-207 SOUTHERN CROSS CIRCLE~~
~~BOYNTON BEACH FL 33436~~
226 N.E. 5th ter.
Delray Beach FL 33444

Mailing Address
~~22-207 SOUTHERN CROSS CIRCLE~~
~~BOYNTON BEACH FL 33436~~
226 N.E. 5th ter.
Delray Bch. FL 33444

3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

2. Principal Place of Business
21 226 N.E. 5th ter.
Suite, Apt. #, etc.

2a. Mailing Address
26 226 N.E. 5th ter.
Suite, Apt. #, etc.

4. FEI Number

Applied For
☒ Not Applicable

22 City & State
Delray Bch. FL

27 City & State
Delray Bch. FL

23 Zip Country
33444 U.S.

28 Zip Country
33444 U.S.

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REASBECK, RHONDA L
22-207 SOUTHERN CROSS CIRCLE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name
John M. Paulett

82 Street Address (P.O. Box Number is Not Acceptable)
226 N.E. 5th ter.

83

84 City
Delray Bch. FL

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]* DATE 4-22-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAULETT, JOHN M	
STREET ADDRESS	22-207 SOUTHERN CROSS CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REASBECK, RHONDA L	
STREET ADDRESS	22-207 SOUTHERN CROSS CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paulett, John M.	
1.3 STREET ADDRESS	226 N.E. 5 th ter.	
1.4 CITY-ST-ZIP	Delray Bch. FL 33444	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE *[Signature]* John M. Paulett 4-22-97 (561) 266-9829

CR2E034 (9/96)