FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90056 037 \*\*\*150.00

## 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 # P9600091181

1. Corporation BUSINES	S SYSTEMS SOLUTIONS,						A HANDINADO HAÐ TIÐUÐ BENNI ÐANN BANN BANN BA	I) <b>egil<b>e i</b>ð</b>	1 <b>8</b> 1   18 <b>8</b> 1   11	<b></b> 18:01 (18: 180)
Principal Place	of Business	Mailing Address					, , , , , , , , , , , , , , , , , , , ,			
1212 66TH ST N P.O. BOX 24897 ST PETERSBURG FL 33710 TAMPA FL 33623-4897							DO NOT WRITE IN	ı TUIC C	DACE	
US						-	. Date Incorporated or Qualifed	V IFIIO C	FACE	
							10/31/1996			
2. Principal Pl	ace of Business	2a. Mailing Addre	SS			4.	. FEI Number		<del> </del>	Applied For
21		26					59-3429768			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	eic.	<i>-</i> .	- •	5.	. Certifcate of Status Desired 😇 🗔			Additional Required
22	<u> </u>	27 City & State					Fi II Oi Fii			
City & State	<del>)</del>	City & State				6.	. Election Campaign Financing  Trust Fund Contribution			May Be
Zip	Country	28     Zip		Country	<del></del>	-	. This corporation owes the current y	oar Intai		
	25	29	30	0001101		<b>3</b> .	Personal Property Tax.	cai iii.ci	Yes	□No
24	9. Name and Address of Current					10.	. Name and Address of New Regis	tered A	gent	
				81	Name					
whittemore, kent g				82	Stroot Ac	ddroee (i	P.O. Box Number is Not Acceptable)			
ONE BEACH DRIVE SE				02	SUBBLA	uuiess (i	P.O. BOX Nulliber is Not Acceptable)			_
SUITE 205				83					-	
ST. PETERSBURG FL 33701				100					85 Zi	p Code
,				84	1			FL		•
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 sgistered agent, or both, in the State on m familiar with, and accept the obligat	ions of, Section 607.0	ous, Florida	Statutes	š.				hanging ment as	its registered registered
•	Signature, typed or printed name of registered agen-		(NOTE: Regi		nt signature req			ATE AND	DIDEC	TODE IN 12
12.	OFFICERS AN		CTC	13.	<del></del>		ADDITIONS/CHANGES TO OFFICE		Chang	
TITLE	PTD	□ DE		1.1 TITLE						, managem
NAME .	WATSON, GREGORY H	•		1.2 NAME						
STREET ADDRESS	10460 ROOSEVELT BLVD, #310	0			TADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33716	□ DE	ETE	1.4 CITY-S	ST-ZIP				Chang	e Addition
TITLE	VSD	□ 0€	FEIC	2.1 TITLE						, manner.
NAME .	WATSON, LAUREN H	e		2.2 NAME	T + DOD!! CO					
STREET ADDRESS	10460 ROOSEVELT BLVD, #310 ST PETERSBURG FL 33716	0			TADORESS		<u> </u>			
CITY-ST-ZIP	SI PETENSBURG PE 337 10	□ DE		2.4 CITY-3	81-ZIP 1				Chang	e Addition
TITLE NAME		_ 00		3.2 NAME	-					<del></del>
STREET ADDRESS					T ADDRESS					
				3.4. CITY-						
CITY-ST-ZIP TITLE		□ DE		4.1 TIFLE	31-2Ir				Chang	ge Addition
NAME				4. 2 NAME						
STREET ADDRESS		•	Ī		T ADDRESS					
CITY-ST-ZIP		•	1	4.4 CITY-S						
TITLE		□ DE	LETE	5.1 TITLE	r. 241				Chang	ge 🔲 Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TADDRESS		•			
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP					
TITLE		□ DE	LETE	6.1 TITLE	-				Chang	ge 🔲 Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

C/TY-ST-ZIP

☐ DELETE

(727) 562-0758

CR2E034 (11/98)