

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90007 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093240

1. Corporation Name

KORBIN SYSTEMS, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**924 CENTRAL AVENUE
FORT WALTON BEACH FL 32547**

Mailing Address
**924 CENTRAL AVENUE
FORT WALTON BEACH FL 32547**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

3. Date Incorporated or Qualified
11/12/1996

4. FEI Number
59-3422127

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

9. Name and Address of Current Registered Agent

**YATES, JANICE W
924 CENTRAL AVENUE
FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☒ DELETE
NAME **KAIN, LESLIE C**
STREET ADDRESS **69 SALEM STREET**
CITY-ST-ZIP **ANDOVER MA**

TITLE **VSD** ☒ DELETE
NAME **YATES, JANICE W**
STREET ADDRESS **924 CENTRAL AVE.**
CITY-ST-ZIP **FORT WALTON BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDC** ☒ Change ☐ Addition
1.2 NAME **Kain, James E.**
1.3 STREET ADDRESS **501 Lexington St. #20**
1.4 CITY-ST-ZIP **Waltham, MA 02452** ☒ Change ☐ Addition

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME **Charles G. Yates**
2.3 STREET ADDRESS **924 Central Ave.**
2.4 CITY-ST-ZIP **Fort Walton Beach, FL 32547** ☒ Change ☐ Addition

3.1 TITLE **SEC** ☒ Change ☐ Addition
3.2 NAME **Janice w. Yates**
3.3 STREET ADDRESS **924 Central Ave.**
3.4 CITY-ST-ZIP **Fort Walton Beach, FL** ☐ Change ☐ Addition

4.1 TITLE
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:

Janice W. Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

850-862-9185
Daytime Phone #

CR2E034 (11/98)