Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # P96000095286

1. Corporation Name

City & State

23

24

Zip

AEGIS NETWARE, INC				
Principal Place of Business	Mailing Address			
10734 MAPLE CHASE DRIVE BOCA RATON FL 33498 · US	10734 MAPLE CHASE DRIVE BOCA RATON FL 33498 US			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State

28

29

Zip

Name and Address of Current Registered Agent

Country

GUTIERREZ, CAROL 10734 MAPLE CHASE DRIVE **BOCA RATON FL 33498**

25

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90012 047 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

11/21/1996

65-0715129

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

			84	City	FL	85	Zip Coo	de		
office or re	to the provisions of Sections 607.0502 and 607.150 egistered agent, or both, in the State of Florida. Suc in familiar with, and accept the obligations of, Sectio	h change was autho	rized by	the corpor	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	hangin ment a	g its reg is regis	gistered tered		
SIGNATURE	and the ment of the	·			outred when reinstating) DATE					
Signature, typed or praned rame or registered again and the in-approache.										
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Cha				
TITLE	PD	☐ DELETE	1.1 TITLE	1		LJ Cila	rige			
NAME	GUTIERREZ, EDWARD III		1.2 NAME	1						
STREET ADDRESS	10734 MAPLE CHASE DRIVE		1.3 STREET	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-S	T-ZIP						
TITLE	VD ·	☐ DELETE	2.1 TITLE	1		Cha	nge	Addition		
NAME	GUTIERREZ, CAROL		2.2 NAME	1)		
STREET ADDRESS	10734 MAPLE CHASE DRIVE		2.3 STREET	ADDRESS	<u>.</u>			1		
CITY-ST-ZIP	BOCA RATON FL 33498		2.4 CITY-S	T-ZIP						
TITLE	SD	☐ DELETE	3.1 TITLE	-		Cha	nge	Addition		
NAME .	GUTIERREZ, YVETTE		3.2 NAME	-						
STREET ADDRESS	10734 MAPLE CHASE DRIVE		3.3 STREET	TADORESS)		
CITY-ST-ZIP	BOCA RATON FL 33498	_	3.4. CITY-S	T-ZIP						
TITLE	TD	☐ DELETÉ	4.1 TITLE			☐ Cha	inge	Addition		
NAME	GUTIERREZ, TERESA		4.2 NAME	1				-		
STREET ADDRESS	10734 MAPLE CHASE DRIVE		4.3 STREET	TADORESS				İ		
CITY-ST-ZIP	BOCA RATON FL 33498		4.4 CITY-S	T-ZIP						
TITLE		DELETE	5.1 TITLE		•	Cha	ınge	☐ Addition		
NAME			5.2 NAME	- 1				ŀ		
STREET ADDRESS	•		5.3 STREET	ADDRESS				ì		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	· .					
TITLE		☐ DELETE	6.1 TITLE			Cha	inge	Addition		
NAME '			6.2 NAME							
STREET ADDRESS	• •		6.3 STREET	TADDRESS				Ì		
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-ZIP						

Country

81

30

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 suppliemental 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.