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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret: ry of State DIVISION OF CORPORATIONS

000 100411 K **DOCUMENT #**

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90131 017 ***150.00

1	VICHOLSON IN		12						
	BUSINESS SYS	TEMS, INC.							
Principal Disa	ce of Business	Mailing Address							
Findiparrat	ce of business	Mailing Address							
,					DO NOT WRITE	IN THIS SPAC	Æ		
					3. Date Incorporated or Qualifed	12/12/	96		
21 500	Place of Business 7 WOODFORD AVE	2a. Mailing Address BC).	x 22/		4. FEI Nu nber 07/3 2/4	7		ied For Applicable	
Suite, Art	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired [, -	. 75 A	cditional quired	ĺ
City & St a	SicoT, HY	City & State	TNY		Electior Campaign Financing Trust Fund Contribution	,	5.00 r	Nay Be	ı I
Zip 24 /37	160 Count y S.A.	^{Zip} /3760	Country SA		This corporation owes the current Personal Property Tax.	year thtangible		D2No	
	9. Name and Addr∋ss of Current	· · · · · · · · · · · · · · · · · · ·	-		10. Name and Address of New Reg	istered Agent			i
			81 Name	Ja	SEPH CORE	4			
*					is (P.O. Box Yumber is Not Acceptable	#	- 10	/	
			100		Mi FZ.			_'	
٦,			84 City	11	iAM	85	Zip C	o de 66	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named	corpora	ation submits this statement for the pur	rpose of chang	na its r	registered	
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized by the corpo da Statutes.	orat on	s board of directors. I hereby accept the	ne appointment	as reg	is tered	
SIGNATURE	Signature, typed or printer nam For registered agent i	Z-	tegistered Agent signature re			4/13/7	<u> 5</u> _		
12.	CFFICERS AND		13.	ednii sa w	ADDITIO VS/CHANGES TO OFFIC	ERS AND DIR	FCTO	RS IN 12	8
TITLE	PRESINENT	☐ DELETE	1.1 TITLE			_	nange	Addition	(11/98)
NAME	EDGARDO NIC	HOLSON	12 NAME						
STREET ADDRESS	COLG ADMA FIRE	1 A-12-	13 STREET ADDRESS						8
CITY-ST-ZIP	endicott, NY	13760	1.4 CITY-ST-ZIP					\sim	CR2E034
TITLE	TREASURER	, L. DELĒTE	2.1 TITLE	77	RUASURER	, J C	ange (ddition	$\ddot{\circ}$
NAME	EDGARDO HICK	13/SON	2.2 NAME	127	ARIA MERCEBE	5 MAR	277>	ν̂ <i>ξ</i> -Ζ_	
STREET ADDRESS	509 WOCK FOR	5 AVE.	2.3 STREET ADDRESS	´5	09 WOODFORD	475			
CITY-ST-ZIP	ENDICOTT IN	1413760	2.4 CITY-ST-ZIP	E	AR, A MERCETOR OG WOODFORD I	3760			
TITLE		☐ DELETE	3.1 TITLE			Ct		Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS	- ;					
CITY-ST-ZIP			3.4, CITY-ST-ZIP	_		_			
TITLE		☐ DELETE	4.1 TITLE			□ct	ange	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS)	
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	ange	Addition	
NAME			52 NAME						
STREET ADDRESS			5 3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	I	DELETE	61 TITLE			Ch	ange	☐ Addition	
NAME			62 NAME						
STREET ADDRESS			63 STREET ADDRESS						
CITY-ST-ZIP			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 cer ify that the information indicated on this annual report or supplemental an jual report is true and accurrite and that my signature shall have the same legal effect as if made under oath; that I ari 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, come an attachment with an address, with all other like empowered.

SIGNATURE: