

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021310

1. Entity Name  
ANNUITY SYSTEMS, INC

FILED  
Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90115 020 \*\*\*150.00

Principal Place of Business  
160 W. CAMINO REAL #232  
BOCA RATON FL 33432

Mailing Address  
160 W. CAMINO REAL #232  
BOCA RATON FL 33432

2. Principal Place of Business  
3125 NE 48TH CT

Suite, Apt. #, etc.

223

City & State  
LIGHTHOUSE POINT FL

Zip

33064

Country

USA

3. Mailing Address

3125 NE 48TH CT

Suite, Apt. #, etc.

223

City & State  
LIGHTHOUSE POINT FL

Zip

33064

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

John GASSER  
160 W CAMINO REAL # 232  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

John GASSER

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

3125 NE 48th CT

# 223

City

Lighthouse Point FL

Zip Code

33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE J. Gasser John GASSER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Gasser John GASSER 4/14/2000

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
John GASSER  
160 W. CAMINO REAL # 232  
BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
John GASSER  
3125 NE 48th CT #223  
LIGHTHOUSE POINT FL 33064

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John GASSER

4/14/2000

954-428-0872

CR2E034 (9/99)