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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000028618

1. Corporation Name

ROUTER SYSTEMS INCORPORATED

Principal Place	e of Business	Ma	iling Address					i ibbiladi iin ibili indik dalil a		W	
12800 VONN ROAD, UNIT 7552		12800 VONN ROAD, UNIT 7552				•					
LARGO FL 33774			LARGO FL 33774					20 107 117	ITE IN THE	CDACE	
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			<del>-</del>	• •			[ - <b>3</b> .	03/27/1997			
2 Principal P	face of Business	25	Mailing Address				4	FEI Number 59-350	1060	I A	pplied For
	lace of Business	26	Mailing Address				"	APPLIED FOR	1000	· <del></del>	ot Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.		<del></del>						Additional
22	71 J.G.	27	,· <b>,</b> ,				5.	, Certifcate of Status Desired		Fee R	equired
City & Stat	te		City & State				6	. Election Campaign Financing		\$5.00	May Be
23		28	·					Trust Fund Contribution		-	to Fees
Zip	Country		Zip	Co	ountry		8.	. This corporation owes the cu	rent year inta	ıngible	
24	25	29		30				Personal Property Tax.		Yes	☑No
	9. Name and Address of Current	Regist	ered Agent		T,		10	. Name and Address of New	Registered A	Agent	
	THE RESERVE OF THE RE				81	Name					
BOWDITCH, CLIFFORD					82	Street A	et Address (P.O. Box Number is Not Acceptable)				
	00 VONN ROAD, UNIT 7552										
CAR	GO FL 33774				83			,			
)					84	City				85 Zip	Code
						,			<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with and accept the obligat	and 60	7.1508, Florida Statu	tes, the	above	e-named o	corporation's h	on submits this statement for the	e purpose of a	changing its	s registered egistered
onice or r	egistered agent, or both, in the State C	л гюнц	a. Guchi chanue was a		ע טכ		JIAUUIISU	rodia di allectors, i ricico) acci	pt the appoin		9,010,00
agent.⊹a	im familiar with and accept the obligat	ions of,	Section 607.0505, Flo	orida Sta	tutes.			<u>~</u>	1 /		
		ions of,	Section 607.0505, Flo	orida Sta	tutes	the corpo		Class	17/9	19	
agent. I a SIGNATURE	Signate Appeal or printed name of registered agent	t and title if	applicable. (NOTE	: Registere	ed Agen		equired when	reinstating)	1 7/9	19	
SIGNATURE	Signate Suped or printed name of registered agent OFFICERS ANI	t and title if	applicable. (NOTE	Registere	ed Agen		equired when	Clp	1 7/9	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE	Signature Cycled or printed name of registered agent OFFICERS ANI	t and title if	applicable. (NOTE	Registere	ed Agen		equired when	reinstating)	1 7/9	19	
SIGNATURE  12.  TITLE  NAME	Signature Cycled or printed name of registered agent OFFICERS ANI D BOWDITCH, CLIFFORD	t and title if D DIRE	applicable. (NOTE	13 1.1 1.21	ed Agen	it signature re	equired when	reinstating)	1 7/9	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature Chief or printed name of registered agent OFFICERS AND D BOWDITCH, CLIFFORD 12800 VONN ROAD, UNIT 7552	t and title if D DIRE	applicable. (NOTE	13 1.1 1.21	ed Agen  I.  TITLE  NAME  STREET	it signature re	equired when	reinstating)  ADDITIONS/CHANGES TO O	1 7/9	D DIRECT	ORS IN 12
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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 truetee 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: