## 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 # **P97000034485**

1. Corporation Name

MULTIPURPOSE SYSTEMS, INC.

Principal Place of Business 11151-66TH ST., N., STE. 401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

LARGO FL 33773

21

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

11151-66TH ST., N., STE. 401 **LARGO FL 33773** 

## **FILED** Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90027 029 \*\*\*150.00



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

> Applied For Not Applicable

\$8.75 Additional

\$5 00 May Bo

Fee Required

04/16/1997 4. FEI Number

59-3445549

5. Certifcate of Status Desired \_\_\_ [

Election Campaign Financing

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23		28				Trust Fund Contribu	rtion		Added	to Fees
Zip	Country	Zip		Country		8. This corporation ow	es the curre	int year Inta		_
24	25 29 30					Personal Property T			Yes	□No
	9. Name and Address of Cu	rrent Registered	Agent			10. Name and Address	s of New R	egistered A	\gent	
				81	Name					ļ
KAUFMANN, BRUCE G					82 Street Address (P.O. Box Number is Not Acceptable)					
11151-66TH ST., N., STE. 401				02	Oliver Addi	1635 (1.0. DOX 140111001 10 1.	tot / toopta	5.5)		
LARGO FL 33773							· ·			
									Ta-1 7:-	
	,			84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607	.0502 and 607.150	8. Florida Statutes.	the above	e-named corp	poration submits this statem	ent for the	purpose of o	changing its	registered
office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Suc	ch change was author	orized by	the corporati	on's board of directors. I he	ereby accept	t the appoin	itment as re	gistered
agent. I a		bilgations of, Section	BRUCE G		Uzan Masa	al Th	<b>₽</b> .	29-1	999	
SIGNATURE	Struck Aufman Signature, typed or printed partie of registere	of social and title it applical	DICTE B	nistered Arren	t signature require	ed when reinstating)	•	DATE	( ( /	[
12.		S AND DIRECTOR		13.	T signatoro require	ADDITIONS/CHANG	ES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TILE	n or robbit	B AND BIREOTON	☐ DELETE	1.1 TITLE		TROBETTO OF BUILD			☐ Change	☐ Addition
	KAUFMANN, BRUCE G		<b>D</b>	1.2 NAME		*				
NAME	11151-66TH ST., N., STE.	404	·	1.3 STREET	- 400DECC	·				
STREET ADDRESS		<del>1</del> 0 i		i						
CITY-ST-ZIP	LARGO FL 33773	<u> </u>	DELETE	1.4 CITY-S	T-ZIP				☐ Change	Addition
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NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	ADDRESS					
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TITLE			DELETE	3.1 TITLE					☐ Change	Addition
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STREET ADDRESS				3.3 STREET	ADDRESS					
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·				5.4 CITY-S	T-ZIP					
CITY-ST-ZIP		····	☐ DELETE	6.1 TITLE					Change	Addition
				6.2 NAME					•	
NAME				6.3 STREET	LADDRESS					
STREET ADDRESS				6.4 CITY-S						
CITY-ST-ZIP	portify that the information aunalia	مان منابات منابات المانيين	as not qualify for th			Section 119 07/3\/i) Florids	Statutes I	further cert	ify that the	information

ondicated 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.