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

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90159 011 ***150.00

DOCUMENT # **P97000035717**

1. Corporation Name

SYSTEMS EXPRESS, INC.

Principal Place of Business	Mailing Address
P O BOX 822498 SUITE D S FLORIDA FL 33082-2498 US	P O BOX 822 498 SUITE D SO FLORIDA FL 33082-2498 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 *18611 S.W. 61ST Ct*	26	**04/22/1997**

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 *Fort Lauderdale FL*	27	**65-0749632**	Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23 *33332*	28		

Zip		Country	Zip		Country	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
24	25		29	30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
SHIM, SUSAN K 18611 SW 61 ST CT FT LAUDERDALE FL 33332	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	
	84 City **FL**	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME SHIM, SUSAN K		1.2 NAME	
STREET ADDRESS 130 SOUTH UNIVERSITY DRIVE		1.3 STREET ADDRESS	*18611 S.W. 61 ST Ct*
CITY-ST-ZIP PLANTATION FL 33324		1.4 CITY-ST-ZIP	*Fort Lauderdale FL 33332*
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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 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.

SIGNATURE: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/14/99 Date   954-686-9652 Daytime Phone #

CR2E034 (11/98)