## 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 # P97000041987

1. Corporation Name

ARACUS INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
6961 NW 84 STREET TAMARAC FL 33321	6961 NW 84 STREET TAMARAC FL 33321

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90124 019 \*\*\*150.00

	IN OUNDATION OF OF EMO									
Principal Place	of Business	Ma	iling Address						•,	
6961 NW 84 ST	REET	696	1 NW 84 STREET				·			
TAMARAC FL 3			MARAC FL 33321				. DO NOT WRITE IN	THIS S	PACE	
							3. Date Incorporated or Qualifed			
•							05/12/1997			
2. Principal Pla	ace of Business	2a.	Mailing Address	-			4. FEI Number		Ap	plied For
21		26	J				65-0761038		. No	t Applicable
Suite, Apt. 7	#. etc	11-	Suite, Apt. #, etc.	-			_		\$8.75 A	Additional
22	•	27					5. Certifcate of Status Desired		Fee Re	quired
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip	Cour	itry		8. This corporation owes the current ye			
24	25	29		30			Personal Property Tax.		_ Yes	□No
	9. Name and Address of Curre	ent Regist	tered Agent		1		10. Name and Address of New Regist	tered A	gent	
					81	Name				
	EZ, PEDRO			F	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	NW 84 STREET									
IAM/	ARAC FL 33321				83					
				İ	84	City	•	FL	85 Zip (	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid gations of,	a. Such change was a Section 607.0505, Flo	utnonzea rida Statu	by u tes.	ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	арропп	ment as re	gistered
	Signature, typed or printed name of registered a		f applicable. (NOTE	: Registered	Agent :	signature required		ME		
12.	OFFICERS A							00 410	DIDECTO	DO INLAD
		AND DIRE		13.		····	ADDITIONS/CHANGES TO OFFICE			
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	P LOPEZ, PEDRO	AND DIRE		1.1 TITI 1.2 NA	ME		ADDITIONS/CHANGES TO OFFICE			
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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 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.

C.	M	٨	TI	1	D	

QUIRED IONING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF