SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000048097 (4)

FILED Jul 17 1998 8:00am Secretary of State

VICEROY SYSTEMS INC.				
Principal Place of Business Mailing Address			1	(()
5326 N.W. 66TH AVENUE 5326 N.W. 66TH AVENUE				,
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067		•	DO NOT WRITE IN THIS SPACE	
*			3. Date Incorporated or Qualified	15 SPACE
			05/29/1997	
2. Principal Place of Business 2a. Mailing Add			4. FEI Number	Applied For
21	26		650759963	Not Applicable
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 	Yes No
9. Name and Address of Curre			10. Name and Address of New Registered	
WARMAN, LINDSAY M		81 Name		
5326 N.W. 66TH AVENUE		82 Street Addre	dress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33067		OZ ONBOL MUNIC	1655 (F.O. BOX Multiper is Not Acceptable)	
**************************************		83		
		84 City		85 Zip Code
			F i	L
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.				
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.				
SIGNATURE LINCUSCY Warman T		Jundrae	y Narman	71811
Signature, typed or printed name of registered agent and title if applicable. (NOT 12. OFFICERS AND DIRECTORS		TELEGistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE Nes Went	DELETE	1.1 TITLE	ADDITIONS OF THE CONTROL OF THE CONT	Change Addition
WE LINDER Y LIDON MAN		1.2 NAME		Change [] Addition
STREET ADDRESS 57 26 NW 66M HUP		1.3 STREET ADDRESS		
CITYSTZIP Corcue Sommin	Ph 37067	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		-
STREET ADDRESS		2.3 STREET ADDRESS		A.
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 TITLE	There exe	3.4 CITY-ST-ZIP 4.1 TITLE	<u>.</u>	
NAME	L DELETE	4.1 IIILE 4.2 NAME		Chapte L Addition
STREET ADDRESS		4.3 STREET ADDRESS	-	1/10
CITY-ST-ZIP		4.4 CITY-ST-ZIP		// <i>////</i> /
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		Cristigo Addition
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	2000025940 -07/21/9801065	162
STREET ADDRESS		6.3 STREET ADDRESS		U21
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00	

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 charged, or on an attachment with an address.