

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90173 010 ***150.00

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DOCUMENT # P97000048221

1. Corporation Name
COLONIAL RESEARCH SYSTEMS, INC.

Principal Place of Business
1550 WEST 84TH STREET #12
HIALEAH FL 33014

Mailing Address
1550 WEST 84TH STREET #12
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1997

4. FEI Number
65-0765546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. BOX 309

Suite, Apt. #, etc.

27 City & State

28 KENSINGTON, MD

Zip

29 20895

Country

30 USA

9. Name and Address of Current Registered Agent

WATTS, JAMES
1550 WEST 84TH STREET #12
HIALEAH FL 33014

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME WATTS, JAMES
STREET ADDRESS 1550 WEST 84TH STREET #12
CITY-ST-ZIP HIALEAH FL 33014

TITLE VD ☐ DELETE

NAME GREGORY, CLEVE L
STREET ADDRESS 3135-2 UNIVERSITY BLVD
CITY-ST-ZIP KENSINGTON MD 20895

TITLE TD ☐ DELETE

NAME HOLDE, SUSAN E
STREET ADDRESS 3135-2 UNIVERSITY BLVD
CITY-ST-ZIP KENSINGTON MD 20895

TITLE SD ☐ DELETE

NAME HOLDER, THERESA L
STREET ADDRESS 4708 WILWYN WAY
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D ☐ DELETE

NAME HOLDER, WILLIAM W
STREET ADDRESS 4708 WILWYN WAY
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D ☐ DELETE

NAME HOLDE, DANIEL W
STREET ADDRESS 9604 RUSTIC MANOR CT
CITY-ST-ZIP GAITHERSBURG MD 20882

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WATTS, JAMES A.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME GREGORY, C. LEE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME HOLDER, SUSAN E.

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

HOLDER, DANIEL W.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)