Apr 20, 1999 8:00 am Secretary of State

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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 # P97000053646

1. Corporation Name

MEGATRON COMPUTER SYSTEMS, INC.

						<u> </u>))) Piri) (
Principal Place of Business Mailing Address								.,, 6,444 444 144
11140 SW 196TH ST 12975 SOUTHWEST 190 TERRACE								
APT C-410 MIAMI FL 33177 MIAMI FL 33157						DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
•						06/18/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	$\overline{}$	Applied For
21		26	26			65-0761544		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27				Fee Required		
City & State	Borrando de la compania de la compa La compania de la co		City & State-			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		1
24	[25] [29]			30		Personal Property Tax.	Yes	No
24	9. Name and Address of Curre		1901	r^{-}		10. Name and Address of New Register	ed Agent	7
				81	Name			
	er, gary d.		82 Street Ad		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	'5 SW 190 TERRACE							
MIAN	A) FL 33177			83				
				84	City		. 85 Zi	p Code
				LL				ite aggiotograd
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat Lof Florida, Such change was	utes, the a authorized	bove- i bv th	named corpor ne corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap-	pointment as	registered
agent. I a	m faulillar with, and accept the obliga	ations of, Section 607.0505, F	Jorida Stati	utes.	^	ration submits this statement for the purposer's board of directors. I hereby accept the ap	1-1	
SIGNATURE	Dans Fall	Gary!	bake	7	tresid	lent 41	15149	}
		ant and title if applicable. ND DIRECTORS	TE: Registered	Agent I	signature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
TITLE	PSTD OFFICERS AF	DELETE	1.1 TF	TLE	Т	ADDITIONO/OTIANOES TO OTITIOEN	Chang	
NAME			1.2 N	AME				}
STREET ADDRESS	12975 SOUTHWEST 190 TERF	RACE	1.3 \$7	TREET A	DDRESS			}
CITY-ST-ZIP	MIAMI FL 33177			TY-ST-				
TITLE	DELETE 2.11						☐ Chang	e Addition
NAME			2.2 N	AME.	1			ĺ
STREET ADDRESS			2.3 ST	TREET A	DDRESS			
CITY-ST-ZIP			2.4 C	ITY-ST-	-ZIP			
TITLE			3.1 TI				☐ Chang	ge Addition
NAME			3.2 N/	AME				-2
STREET ADDRESS			3.3 ST	TREETA	ADDRESS			}
CITY-ST-ZIP			3.4. C	ITY-ST-	-ZIP			
TITLE		☐ DELETE	4.1 Tr				Chang	je 🗌 Addition
NAME			4.2 N	AME				1
STREET ADDRESS			4.3 ST	TREETA	NODRESS .	•		1
CITY-ST-ZIP	,		4.4 CI	TY-S <u>T-</u>	ZIP			
TITLE		☐ DELETE	5.1 স				Chang	e Addition
NAME			5.2 N/	AME				
STREET ADDRESS			5.3 \$1	TREETA	NODRESS			J
CITY-ST-ZIP			5.4 C	TY-\$T-	ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TI	TLE			☐ Chang	e Addition
NAME			6.2 N	AME				ĺ
STDEET ANNUESS			6.3 S	TREET A	ODRESS			ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP