Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

ØNo.

Not Applicable

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

TH Street

Country

81

30 65

Suite, Apt. #, etc.

City & State

29 34217-1207

DOCUMENT # P97000074926

1. Corporation Name

Suite, Apt. #, etc.

Holmes

City & State

PHYSICAL SYSTEMS EUROPE, INC.

Principal Place of Business	Mailing Address
4301 32ND STREET WEST SUITE E-O BRADENTON FL 34205-2700	4301 32ND STREET WEST SUITE E-O BRADENTON FL 34205-2700
BRADENTON FL 34205-2700	BRADENTON FL 34205-270

9. Name and Address of Current Registered Agent

Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90080 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/27/1997 4. FEI Number

65-0777555

PHYSICAL SYSTEMS, INC. 4301 32ND STREET WEST SUITE E-0 BRADENTON FL 34205-2700 84 City / Jane Beach FL 85 Zip Code 3627-7607 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. Typett or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature) DATE								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	DELETE	1.1 TITLE		DP	Change	Addition	
NAME	ROLF, BERTRAM		1.2 NAME		Rolf Bertram		ĺ	
STREET ADDRESS	4301 32ND STREET WEST, SUITE EO		1.3 STREET ADDRESS		509-70TH STANT	_		
CITY-ST-ZIP	BRADENTON FL 34205-2700		1.4 CITY-ST-ZIP		509-70TH START Holmas Beach, FL3	4-217-120	27	
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME				1	
STREET ADDRESS			2.3 STREET ADDRESS				}	
CITY-ST-ZIP	3 <u> </u>		2. 4 CITY-S	T-ZIP	,			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	_		3.4. CITY+S	T-ZIP				
TITLE		☐ DELETE	4.1 ग़ारLE			☐ Change	☐ Addition ∫	
NAME			4.2 NAME				}	
STREET ADDRESS			4.3 STREET	ADDRESS	,			
CITY-ST-ZIP	_		4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME				}	
STREET ADDRESS			5.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	<u> </u>			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				Ì	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	Γ- ZIP			į	
UIII-91-21					11 O -ti 440 07(0)() Florido Cheb dos I forth			

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 informat 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: