

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90036 045 ***158.75

DOCUMENT # P97000093782

1. Corporation Name
FORTUNET SYSTEMS INC.

Principal Place of Business
3050 BISCAYNE BLVD. #502
MIAMI FL 33137

Mailing Address
3050 BISCAYNE BLVD. #502
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

65-0791172

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3050 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite # 1006

City & State

23 Miami, FL

24 Zip 33137

Country

25 USA

2a. Mailing Address

26 3050 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite # 1006

City & State

28 Miami, FL

29 Zip 33137

Country

30 USA

9. Name and Address of Current Registered Agent

FELIU, R D
250 BIRD ROAD
SUITE 302
CORAL GABLES FL 33146

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 D ☐ DELETE
NAME SPALLONE, ROY
STREET ADDRESS 3050 BISCAYNE BLVD. #502 #1006
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Spallone, Roy L.
1.3 STREET ADDRESS 3050 Biscayne Blvd, Suite #1006
1.4 CITY-ST-ZIP Miami, FL 33137

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Spallone, Troy J.
2.3 STREET ADDRESS 3050 Biscayne Blvd, Suite #1006
2.4 CITY-ST-ZIP Miami, FL 33137

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Spallone, Sharon L.
3.3 STREET ADDRESS 3050 Biscayne Blvd, Suite #1006
3.4 CITY-ST-ZIP Miami, FL 33137

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Spallone, Barbara M.
4.3 STREET ADDRESS 3050 Biscayne Blvd, Suite #1006
4.4 CITY-ST-ZIP Miami, FL 33137

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

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:

ROY L. SPALLONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 305-573-0135

Date

Daytime Phone #

CR2E034 (11/98)

0202363