FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000096713

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90195 001 ***150.00

MULTI 1	ECH SYSTEMS INC.			
Principal Plac	e of Business	Mailing Address		T EBBIRSON (NO 1851) NORTH ORBIT CONTROL FRANCISCUS SIXIL (2001 FIRED LIN NO
6564 MONTRO		6564 MONTROSE TRAIL		
TALLAHASSEE	FL 32308	TALLAHASSEE FL 32308		DO NOT WRITE IN THIS SPACE
{				3. Date Incorporated or Qualified
				11/13/1997
2. Principal F	lace of Business	2a. Mailing Address_		4. FEI Number Applied For
21		26		58-2059642 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Sta	e	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees
24	25	—¬ · -	30	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curi		301	10. Name and Address of New Registered Agent
			81 Name	
	h, ken r		82 Street	et Address (P.O. Box Number is Not Acceptable)
	MONTROSE TRAIL		02 311681	Addless (F.O. Box Multiper is Not Acceptable)
TAL	LAHASSEE FL 32308		83	
			84 City	■ 85 Zip Code
				┣▘▐▃▕ <u>`</u>
i office or i	egistered agent, or both, in the Sta	ite of Florida. Such change was au	ithorized by the com	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or i agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	Ithorized by the corp ida Statutes. Registered Agent signature	poration's board of directors. I hereby accept the appointment as registered
office or agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and the if applicable. (NOTE: AND DIRECTORS	Ithorized by the corplida Statutes. Registered Agent signature 13.	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office of I agent, I a SIGNATURE 12.	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered of OFFICERS	te of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	thorized by the corpida Statutes. Registered Agent signature 13. 1.1 TITLE	poration's board of directors. I hereby accept the appointment as registered
office of I agent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS PD BUSH, KEN R	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and the if applicable. (NOTE: AND DIRECTORS	thorized by the corpida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office of in agent. I	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS PD BUSH, KEN R 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and the if applicable. (NOTE: AND DIRECTORS	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office of in agent. I a signature 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308	ate of Florida. Such change was au igations of, Section 607.0505, Floringer and title if applicable. (NOTE: AND DIRECTORS DELETE	rhorized by the corpida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STD	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and the if applicable. (NOTE: AND DIRECTORS	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office of in agent. I a signature 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STD BUSH, BETTY P	ate of Florida. Such change was au igations of, Section 607.0505. Floringer and title if applicable. AND DIRECTORS DELETE	rhorized by the corpida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STD	ate of Florida. Such change was au igations of, Section 607.0505. Floringer and title if applicable. AND DIRECTORS DELETE	registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or I agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505. Floringer and title if applicable. AND DIRECTORS DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office of in agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Floriagent and title if applicable. (NOTE: AND DIRECTORS DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions Change Additions Change Additions
office or I agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Floriagent and title if applicable. (NOTE: AND DIRECTORS DELETE	Introduced by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions Change Additions Change Additions
office or I agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions Change Additions Change Additions Change Additions Change Additions Change Additions
office of I agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Floriagent and title if applicable. (NOTE: AND DIRECTORS DELETE	Introduced by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions Change Additions Change Additions
office of I agent. I	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions Change Additions Change Additions Change Additions Change Additions Change Additions
Office of I agent. I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office of in agent. I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions
Office of I agent. I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Indicated by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	reporation's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
Office of I agent. I a signature 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions
Office of I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions
Office of I agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. PD BUSH, KEN R 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 STO BUSH, BETTY P 6564 MONTROSE TRAIL	ate of Florida. Such change was au igations of, Section 607.0505. Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Change Addition Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change
office of I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions
Office of I agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ate of Florida. Such change was au igations of, Section 607.0505. Flori agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Intorized by the corpidal Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	required when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions

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:

4-20 49 850-893-2189 Dayling Phone #