PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # P98000 n Name SYSTEMS SUPPORT, INC.	020444					
Principal Place	e of Rusiness	Mailing Address		(NOUSTREE JED / G194 CRYLL BOIRT OTHER MEHT AND	I s li d ei uk lik bibki i	ITMTE MANY TANA	
8680 N. ATLAN		P.O. BOX 1630					
CAPE CANAVER		CAPE CANAVERAL FL 3292	0				
				DO NOT WRITE IN TH	IS SPACE	<u>-</u>	7
-				3. Date Incorporated or Qualifed 03/02/1998		·	1
2. Principal Place of Business		2a. Mailing Address				olied For	1
21		26		59-3493629		Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired XXI -	\$8.75 A Fëe Red		ł
22		27 City & State				 	
City & Stati		City & State		6. Election Compaign Financing — Trust Fund Contribution	\$5:00-l Added to	•	
Zip	Country	28	Country	8. This corporation owes the current year I			ţ
24	25		30	Personal Property Tax.		□No]
24	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent		1
			81 Name				
	ttler, richard H Jr		82 Street Add	dress (P.O. Box Number is Not Acceptable)		-	1
8680 N. ATLANTIC AVENUE			02 Suest Aut	diess (P.O. BOX Halillook is Not Acceptable)			
CAPI	E CANAVERAL FL 32920		83]
·			24 25		. 85 Zip C	ode	₹
Ì			84 City	F	LII'		
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its or cintment as reg	registered istered	
1	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	, , , , , , , , , , , , , , , , , , , ,	-		
agent. I as SIGNATURE			da Statutes. Registered Agent signature requi				<u>_</u>
1	Signeture, typed or printed name of registered agos		·		AND DIRECTOR	RS IN 12	1/98)
SIGNATURE	Signeture, typed or printed name of registered agos	nt and title Y applicable. (NOTE:	Registered Agent signature requ	ned when reinstating) DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered ages	n and title V applicable. (NOTE:	Registered Agent signature requi	ned when reinstating) DATE	AND DIRECTOR	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE	Signature, typed or primad name of registered ages OFFICERS AN	n and title V applicable. (NOTE:	Registered Agent signature requi	ned when reinstating) DATE	AND DIRECTOR	RS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primed name of registered ages OFFICERS AN P STOTTLER, RICHARD H JR	N and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature requests 13. 1.1 TITLE 1.2 NAME	ned when reinstating) DATE	AND DIRECTOI	RS IN 12	3R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or primed name of registered ages OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE	n and title V applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ned when reinstating) DATE	AND DIRECTOR	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or primed mains of registered ages OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A	N and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agont signature requi 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ned when reinstating) DATE	AND DIRECTOI	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	Signature, typied or primed name of registered ages OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE	N and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ned when reinstating) DATE	AND DIRECTOI	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920	N and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 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	ned when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition	, CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST	N and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agont signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ned when reinstating) DATE	AND DIRECTOI	RS IN 12	, CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE	N and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ned when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition	, CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	N and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 STREET ADDRESS 3.2 STREET ADDRESS 3.3 STREET ADDRESS	ned when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE	N and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 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 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ned when reinstating) DATE	Change	RS IN 12 Addition Addition	
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME CITY-ST-ZIP ITILE NAME CITY-ST-ZIP ITILE	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	N and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 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 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ned when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition	
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME CITY-ST-ZIP ITILE NAME CITY-ST-ZIP ITILE NAME	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	N and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature rique 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4. 2 NAME	ned when reinstating) DATE	Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	N and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required as a series of the ser	ned when reinstating) DATE	Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	IN and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 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	ned when reinstating) DATE	Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	N and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Agent signature required as a series of the ser	ned when reinstating) DATE	Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	IN and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 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	ned when reinstating) DATE	Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	IN and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required to the second signature requir	ned when reinstating) DATE	Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	IN and title it applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 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	ned when reinstating) DATE	Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICERS AN OFFICERS AN P STOTTLER, RICHARD H JR 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 VP PEKAR, JOHN A 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 ST GARNER, R. LEE 8680 N. ATLANTIC AVENUE	O DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 12 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 3.2 STREET ADDRESS 4.1 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ned when reinstating) DATE	Change Change	RS IN 12 Addition Addition Addition Addition	

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 suppliemental 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:

PULLED AT TRICHARD BHOS STOTE IN Jr., Pres.

(407) 783-1320

4/27/99

May 04, 1999 8:00 am Secretary of State

05-04-1999 90166 001 ***158.75