PROFIT CORPORATION ANNUAL REPORT

1999°



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000025900 1. Corporation Name

BPG SYSTEMS INC.

Principal Place of Busi	ness .
6837 SW 36 CT .	
MIRAMAR FL 33023	

Mailing Address

6837 SW 36 CT MIRAMAR FL 33023

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90080 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

	•				03/19/1998		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	olied For
21	•	26	¬		65-08/7365	Not	Applicable ·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional	
22	1	27		5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	The state of the s		6. Election Campaign Financing	\$5.00	May Be		
23	28		Trust Fund Contribution	Added to	Fees		
Zip	Country			8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
PINNOCK, BRIAN 82 Street Addres			ess (P.O. Box Number is Not Acceptable)				
6837 SW 36 CT			ess (17.0. Box (termses is feet resoption)				
MIRAMAR FL 33023 83							
			_	1		0 7:- C	Sada -
			84	City	F	85 Zip C	ode .
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s, the abov	 /e-named corp	oration submits this statement for the purpose	of changing its	registered.
office or r	egistered agent, or both, in the State	e of Florida. Such change was au	ithorized by	/ the corporation	on's board of directors. I hereby accept the app	ointment as reg	gistered
agent. ra	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	5 .			
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable (NOTE	Registered Apr	ent signature required	d when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	מ	☐ DELETE	1.1 TITLE			Change	Addition
NAME	PINNOCK, BRIAN F		1.2 NAME				
STREET ADDRESS	6837 SW 36 CT 1.3 STREET ADDRESS				ļ		
	MIRAMAR FL 33023		1.4 CITY-				
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	01-23		Change	☐ Addition
NAME	GREEN, PAULINE E		2.2 NAME			_, -	
			ET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP	MIRAMAR FL 33023	□ DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE							
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE	_			L AUGIGOTI
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP			D Addisi
TITLE	·	☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	ET ADDRESS			i
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	ET ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
Unit-oi-DP					The Add 07(0V/) Floride Clabrace I forther		

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 informati 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: BRI