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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90141 020 ***150.00

DOCUMENT # 1. Corporation Name	P98000038370
INFORMATION FOR	SYSTEMS SOLUTIONS INC.

INFORM/	ATION FOR SYSTEMS SOLU	UTIONS, INC.					
Principal Place	of Business	Mailing Address			1 19901991 119 19101 78111 78111 88111 88111		···· ··
3745 BIGGIN CI JACKSONVILLE	HURCH ROAD W FL 32224	3745 BIGGIN CHURCH JACKSONVILLE FL 322:			DO NOT WRITE IN	THIS SPACE	. .
•					3. Date Incorporated or Qualifed 04/27/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59 - 3508/04	h 	plied For
21		26			37-3300107		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	İ		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State)	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country 25	Zip 29	. Cour	ntry	 This corporation owes the current yearsonal Property Tax. 		□No
24[9. Name and Address of Current		1991		10. Name and Address of New Regist	tered Agent	
	5. Hallio and Addiose 5. General			81 Name			
	KLE, DENNIS J		:	82 Street A	ddress (P.O. Box Number is Not Acceptable)		_
	BIGGIN CHURCH ROAD W			JUL SUBBLA	duress (1.0. box realises in rect reperhasio)		
JACI	KSONVILLE FL 32224			83			
				84 City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip C	Code
			·	l	the state of the state of the suppose	FL	ranietorad
I 11Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. Florida St	atutas. IDA AI	ove-named c	orboration submits this statement for the purpe	rae or orienging its	1081010100
office or re agent, I ar	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change wa lions of, Section 607.0505,	is authorized Florida Statu	by the corpor ites.	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as reg	gistered
agent. I ar	m familiar with, and accept the obligat	lions of, Section 607.0505,	Fightia Statt	nes.		appointment as reç	gistered
agent. I ar SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obligated agent to the state of registered agent of the state	t and title if applicable.	Fightia Statt	nes.		ŤΕ	PRS IN 12
agent. I ar	m familiar with, and accept the obligat	t and title if applicable.	OTE: Registered	Agent signature rec	quired when remstating)	ŤΕ	
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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 pn an attachment with an accuracy other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

NATIONAL AND TYPED OR PRINTED INJUSTICE SIGNING OFFICER OR DIRECTOR

☐ DELETE

4/13/99

904 223 8432 Daytime Phone #

☐ Change

☐ Addition