

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90011 022 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000040117

1. Corporation Name
LOUIEVILLE SYSTEMS, INC.

Principal Place of Business: 4468 WORTHINGTON CIRCLE, PALM HARBOR FL 34685
 Mailing Address: 4468 WORTHINGTON CIRCLE, PALM HARBOR FL 34685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		05/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		56-2015973	
City & State		City & State		Applied For	
3		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
25		29		[] \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
30		30		[] \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				[X] Yes [] No	
10. Name and Address of New Registered Agent				81 Name	
				BRIAN N HERLIHY	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				4468 WORTHINGTON CIRCLE	
				83	
				84 City	
				PALM HARBOR	
				85 Zip Code	
				FL 34685	

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: Brian Herlihy DATE: 7/14/99

2. OFFICERS AND DIRECTORS		3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD HERLIHY, BRIAN N 4468 WORTHINGTON CIRCLE PALM HARBOR FL 34685	1.1 TITLE	[] Change [] Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	S HERLIHY, MARIA M 4468 WORTHINGTON CIRCLE PALM HARBOR FL 34685	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: Brian Herlihy SIGNATURE REQUIRED: HERLIHY DATE: 6/30/99 DAYTIME PHONE #: 727 289 6828

CR2E034 (5/99)