

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000040613</b>			
1. Corporation Name <b>GROUP 4 SYSTEMS OF FLORIDA, INC.</b> <b>Manufacturing Concepts, Inc.</b> (DW)			
Principal Place of Business 291 2ND STREET, WEST TIERRA VERDE FL 33715		Mailing Address 291 2ND STREET, WEST TIERRA VERDE FL 33715	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08/19/99 900110304550.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1110 Pinellas Bayway S. Suite, Apt. #, etc. Unit 108 City & State 23 Tierra Verde, FL Zip 33715 Country Pinellas		2a. Mailing Address 26 1110 Pinellas Bayway S. Suite, Apt. #, etc. Unit 108 City & State 28 Tierra Verde, FL Zip 33715 Country Pinellas		4. FEI Number 67-0850036 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ZACHER, EDWARD F 291 2ND STREET, WEST TIERRA VERDE FL 33715				10. Name and Address of New Registered Agent 81 Name Danielle Z. Payne 82 Street Address (P.O. Box Number is Not Acceptable) 1110 Pinellas Bayway S. 83 Unit 108 84 City Tierra Verde FL 85 Zip Code 33715	

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 appoint the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Danielle Z. Payne Danielle Z. Payne 10/13/99  
Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D Vice President</b> <b>PAYNE, JAMES P</b> <b>291 2ND STREET, WEST</b> <b>TIERRA VERDE FL 33715</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<b>Vice President</b> <b>Payne, James P.</b> <b>1110 Pinellas Bayway S. Unit 108</b> <b>Tierra Verde, FL 33715</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: James P. Payne July 30 1999  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

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Department of State  
Division of corporations  
P.O. Box 6327  
Tallahassee FL 32314

October 13, 1999

Re: Notice of Dissolution  
Manufacturing Concepts, Inc.  
1110 Pinellas Bayway S.  
Unit 108  
Tierra Verde FL. 33715

We received the notice of dissolution on Tuesday, October 12, 1999  
We called your office on Wednesday, October 13, 1999 and talked to Mary Hyman after waiting on hold for 20 minutes. She indicated that the notice of Dissolution was sent because a form requiring a signature on line 11 was not returned. Which buy the way it was promptly when received. She instructed us (because we did not retain a copy of the form) to send in a copy of the original with a signature on line 11. That is enclosed. Do you really dissolve a corporation because you can not locate a form letter?

We also notice that you sent that lost form to the prior registered agent because it was returned by the Postal Service. The address was and is correct so why they returned it is a mystery to us except it is another government agency.

We are sending this registered.

Sincerely,



Edward Zacher  
Prior Registered agent