FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000050420

FINYL SYSTEMS, INC.

Principal Place of Business

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90139 049 ***150.00



ST. PETERBURG FL 33712	ST. PETERBURG FL 33712			ł				
31. PETENBUNG PL 33/12	or revendond to some				DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					06/03/1998			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			flied For
21	26				59-3516172		Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	City & State				6. Election Campaign Financing		\$5.00	May Re
	28				Trust Fund Contribution		Added to	,
Zip Country	Zip	Countr	y		8. This corporation owes the curr	ent year Inta	ngible	
24 25	·	30			Personal Property Tax.		Yes	
9. Name and Address of Curre		-1.			10. Name and Address of New	Registered A	gent	
		81	I Na	ame				
KNAUST, WARREN J			82 Street Address (P.O. Box Number is Not Acceptable)					
2730 CENTRAL AVENUE		04	د اعر	Teer Addres	SS (F.O. BOX Number is Not Accept	abie j		
ST. PETERBURG FL 33712		83	3					
		84	1 0	· · · · · · · · · · · · · · · · · · ·			85 Zip C	`ode
				•		<u>FL</u>		
Pursuant to the provisions of Sections 607.0: office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblin	le of Florida. Such change was aut	inorizea o	y tne	med corpor corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of o pt the appoin	hanging its tment as reg	registered gistered
SIGNATURE						DATE		
Signature, typed or printed name of registered a	Jan. 2017		ent sign	ature required v	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
	AND DIRECTORS	13.		05		FICERS AIN	Change	Addition
TITLE D				03				_
NAME BOAZ, JUDI		1.2 NAME						ļ
STREET ADDRESS 1722 OAKDALE LANE E		1.3 STRE						
CITY-ST-ZIP CLEARWATER FL 34624	☐ DELETE	1.4 CITY-		01	<i>a</i>		Change	Addition
TITLE STATE	C DECE IE	2.1 TITLE		01	AT WENINETH	. a.		Car America
NAME ()	er jakulus. Linguaga er	2.2 NAME		30	AZ, KENNETH CA OBKOALE LA EARWATER, FL	ME		
STREET ADDRESS	erit. Till and an experience of the second	2.3 STRE		RESS / 7.	A OBRUGE EN	3111	24	
CITY-ST-ZIP CZ	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-		CLA	EARWATER, FL	370	Change	Addition
TITLE	DELETE	3.1 TITLE					□ Citalige	
NAME		3.2 NAME						
STREET ADORESS		3.3 STRE	ET ADO	IRESS				
CITY-ST-ZIP		3.4. CITY		•			Channa	Addition
TITLE .	☐ DELETE	4.1 T₹TLE					Change	Addition Addition
NAME		4. 2 NAM	E					
STREET ADDRESS		4.3 STRE	ET ADD	XRESS				
CITY-ST-ZIP		4.4 CITY-		<u>, </u>				
TITLE	☐ DELET€	51 TITLE					☐ Change	Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STRE		1				
CITY-ST-ZIP		5.4 CITY-		<u>'</u>				
TITLE	☐ DELETE	6.1 TITLE					Change	Addition
NAME .		6.2 NAME						
STREET ADDRESS		6.3 STRE	ET ADD	RESS				

CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 601. Florida Statutes; and that my name appears in CITY-ST-ZIP 7 officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE: