PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000059393

ADVANCED TECHNOLOGIES COMPUTERS SYSTEMS, INC.

Principal Place of Business Mailing Address						- FYMATYANT INN Abenis tibuta martes martes martes martes martes martes martes martes and the ma	\$1450 (2160 H/50	19194 etst phil	
6825 ARGYLE FOREST BOULEVARD 6625 ARGYLE FOREST BOULE			LEVARD						
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			l
}						06/25/1998			ĺ
2. Principal i	Place of Business	2a. Mailing Address				4. FEI Number	Ap)	plied For]
21		26				59-351-7749	No	Applicable]
Sulte, Apt	t. #, etc.	Suite Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27 O				J. Collection of Children	Fee Re	julred .	Ι.
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00		
23		28		4		Trust Fund Contribution	Added to) Fees	ł
Zip	Country	Zip	Cour	ntry	. <u> </u>	8. This corporation owes the current year in	langible ☐ Yes	ENo -	
24	[25]		30			Personal Property Tax. 10. Name and Address of New Registered		- IND	l
	9. Name and Address of Currer	nt Kegistered Agent		81	Name	10. Harrie and Address of New Adjustated	- Agoin		İ
FVE	RETT, MICHAEL E								Į
2220 LAVALLE DRIVE				82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
	KSONVILLE FL 32210			83					ł
,									
				84	City		85 Zip C	ode	ļ
11 Pureviant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the at	20Ve-	named corpor	ation submits this statement for the purpose of	changing its	registered	ł
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized	by a	he corporation	's board of directors. I hereby accept the appo	intment as rec	istered	
agent. (a	am tamillar with, and accept the oblige	Tuons of, Section 607.0505, Flor	08 508U	nes.		18MAR99			
SIGNATURE	Signature, typed or printed name of registered age	orac John (NOTE			9 6 5 C signature required v				ב
12.	7.7	ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	ceo	☐ DELETE	1.1 117	LE			☐ Change	☐ Addition	Ξ
NAME	JOHNNIE G. MURS	೬	1.2 NA	ME.					동
STREET ADDRESS	1956 Frost St-8	<u>-</u> ,	13 ST	REET A	ADDRESS				🖺
CITY-ST-ZIP	Jacksmuile, +	- 32221	1.4 (01	TY-5T-	.ZIP				18
TITLE	vice president	☐ OELĒTE	21 Trī	LE.			☐ Change	Addition	၂၀
NAME	mike Everett		22 NA	ΜĒ				~-	
STREET ADDRESS	1		1						l
CITY-ST-ZIP	Tacksonilla.	·^	2.3 ST	REET	ADORESS				ı
TITLE	3 N C 1 2 501 (0.1 W)	A 32210		REET A	···· }				
NAME	SACESONO IN	A 32210		TY-ST-	···· }		☐ Change	Addition	
	SACESONO IN	<u>, </u>	2.4 CT	TY-ST LE	···· }		☐ Change	☐ Addition	
STREET ADDRESS	SACESONO 19,	<u>, </u>	2.4 CI 3.1 TIT 32 NA	TY-ST LE M€	···· }		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	SACESONO 19	☐ DELETE	2.4 CF 3.1 TIT 32 NA 33 STI 34. CF	TY-ST- LE ME REET A TY-ST-	-ZIP ADDRESS				
	SACESONO 19	<u>, </u>	2.4 CF 3.1 TH 32 NA 33 ST	TY-ST- LE ME REET A TY-ST-	-ZIP ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP	SACESONO	☐ DELETE	2.4 CF 3.1 TH 32 NA 33 STI 34 CF 4.1 TH 4.2 NA	TY-ST- LE ME REET M TY-ST- LE	ADDRESS -ZIP				
CITY-ST-ZIP		☐ DELETE	2.4 Cr 3.1 TiT 32 NA 33 STI 34. Cr 4.1 TiT 4.2 NA 4.3 STI	TY-ST- LE ME REET M TY-ST- LE ME REET A	ADDRESS -ZP ADDRESS				
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CF 3.1 TF 32 NA 33 STF 34. CF 4.1 TF 4.2 NA 4.3 STF 4.4 CF 5.1 TF	TY-ST- LE ME TY-ST- LE ME REET A TY-ST- LE	ADDRESS -ZP ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CF 3.1 TF 32 NA 33 STF 34. CF 4.1 TF 4.2 NA 4.3 STF 4.4 CF 5.1 TF 5.2 NA	TY-ST- TLE ME TY-ST- TLE ME REET A TY-ST- TLE	ADDRESS -ZP ADDRESS -ZP		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.3 STI	TY-ST- LE ME TY-ST- LE ME REET A TY-ST- LE ME	ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP		Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 Cf 3.1 Tif 32 NA 33 ST 34. Cf 4.1 Tif 4.2 NA 4.3 ST 4.4 Cff 5.1 Tif 52 NA 5.3 ST 5.4 Cff 6.1 Tiff	TY-ST- LE ME REET A TY-ST- LE REET A TY-ST- LE ME REET A TY-ST- LE ME REET A	ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.4 Cf 3.1 III 32 NA 33 ST 34. Cf 4.1 III 4.2 NA 4.3 ST 5.1 III 5.2 NA 5.3 ST 5.4 Cf 6.1 IIII 6.2 NA	TY-ST- LE ME REET A ME REET A ME REET A ME REET A ME ME ME ME ME ME	ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP		☐ Change	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, with all other like empowered.

6.4 CITY-ST-ZZP

SIGNATURE: \ Machael Five of.

FILED Mar 01, 1999 8:00 am Secretary of State

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