

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000059404

1. Corporation Name
TULMEL SYSTEMS, INC.

Principal Place of Business
4600 SMITHFIELD ROAD
MELBOURNE FL 32934

Mailing Address
P O BOX 411012
MELBOURNE FL 32941

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90247 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1998

4. FEI Number

59-3526117

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABLING, MADELIENE C
112 E CONCORD ST #300
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SNELL, CHARLES L JR
STREET ADDRESS 4600 SMITHFIELD ROAD
CITY-ST-ZIP MELBOURNE FL 32934

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

TITLE STD
NAME SNELL, CYNTHIA M
STREET ADDRESS 4600 SMITHFIELD ROAD
CITY-ST-ZIP MELBOURNE FL 32934

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME CARTIER, JULIA S
STREET ADDRESS 4491 LONGBOW DR
CITY-ST-ZIP TITUSVILLE FL 32796

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

8782 Pine Barrens Dr.
Orlando, FL 32817

TITLE V
NAME COOK, ROBERT L
STREET ADDRESS 505 LANTANIA PALM DR
CITY-ST-ZIP INDIALANTIC FL 32903

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE V
NAME MATEJIC, NENAD
STREET ADDRESS 450 W 7 AVE
CITY-ST-ZIP TULSA OK 74119

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

450 W. 7th

Apt. 1005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

CYNTHIA M. SNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CYNTHIA M. SNELL 4-14-99 (407) 259-9766

CR2E034 (1/1/98)