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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90120 026 ***150.00

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DOCUMENT # S09859 1. Corporation Name

COST CONTROL SYSTEMS, INC.

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		'N MINIT RINII NININ NININ NINI IKAI
722 S. ROME AVE. P O BOX 18032 TAMPA FL 33606 TAMPA FL 33679			DO NOT WRITE IN TH	IIS SPACE	
, 03				3. Date Incorporated or Qualifed	
				10/30/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3040612	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required .
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Curre		30	10. Name and Address of New Registers	
	5. Name and Address of Cone	iii Negistered Agent	81 Name	To. Hallo and Alamost of the least	
JORDAN, H. BAKER					
722 S. ROME AVE.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33606		83		
					los 7: Ordo
			84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was aut	thorized by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE				d when reinstating) DATE	·
40	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, f ND DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	B	DELETE	1.1 TITLE	ADDITIONS/OTIANOZO TO OTITIOZNO	☐ Change ☐ Addition
NAME	JORDAN, H. BAKER		1.2 NAME		_ · -
STREET ADDRESS	722 S. ROME AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	JORDAN, MARY H.		L. T. T. T. C.		☐ Change ☐ Addition
	I JUNUAN, MANT IT.	_ DELETE	2.2 NAME		Li Change Li Addilion I
STREET ADDRESS	r ·				L] Change ∐ Addition
STREET ADDRESS	722 S. ROME AVE.		2.2 NAME	~~ · · · · · · · · · · · · · · · · · ·	
	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	722 S. ROME AVE.		2.2 NAME 2.3 STREET ADDRESS 2.3 CITY-ST-ZIP		
CITY-ST-ZIP	722 S. ROME AVE.		2.2 NAME 2.3 STREET ADDRESS 12.4 CITY-ST-ZIP 3.1 TITLE		
CITY-ST-ZIP TITLE NAME	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	722 S. ROME AVE.		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	722 S. ROME AVE.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition

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 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 any appearment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

CITY-ST-ZIP

STREET ADDRESS

TITLE

MARY H. JOR DAN

Change

☐ Addition