Applied For Not Applicable

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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90191 016 ***150.00



DOCUMENT # 1. Corporation Name	S55962
DUCINECE EVETEME	COETWARE INC

DOSINESS STSTEMS SOLIAN	ne, ino			
Principal Place of Business Mailing Address		T CANDIZAN ART BANDA DIRAN NOTA DIRAN HADA DRAN	in Minut Gibit Endto Atáli atati li	
1145 SW 4 ST BOCA RATON FL 33486	1145 SW 4 ST BOCA RATON FL 33486		DO NOT WRITE IN TH	IIS SPACE
,			3. Date Incorporated or Qualifed	1.2
<u> </u>			05/24/1991	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	26		NOT APPLICABLE	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	_
24 25	29 3	00	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registere	ed Agent
- Saliro , Michael		81 Name	ichael Salin	UQ
1145 SW 4 ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	≣ t-
BOCA RATON FL 33486		83		
		84 977		L 85 Zip Code 35 486
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change was aut	thorized by the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registere
SIGNATURE				

			84 930	ea Kat	√W FL	85 Zip C	986 s		
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 hand or original name of registered exect and title of emplicable (NOTF: Registered Acent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent and title of OFFICERS AND DIRE		Registered Agent signature required		ES TO OFFICERS AN	D DIRECTOR	2S IN 12		
12.	D OFFICERS AND DIRE	☐ DELETE	1.1 TITLE	ADDITIONS/CHANG	ES TO OTTICENO AIL	☐ Change	Addition		
	- -								
NAME	SALINO, MICHAEL A.		1.2 NAME						
STREET ADDRESS	1145 SW 4 ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL	□ DÉLETE	1.4 CITY-ST-ZIP			Change	Addition		
τπιΕ	D	□ n¢re≀e	2.1 TITLE			Change			
NAME .	SALINO, BEVERLEE J.	•	2.2 NAME						
STREET ADDRESS	1145 SW 4 ST		2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP			Change	□ Addition		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP		. <u>. </u>				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE	-	☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS				l		
CITY-ST-ZIP			5.4 GITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	alf that the information and individuals this file		6.4 CITY-ST-ZIP		Charles 16 de se	OF ALL AND ST	f		

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 challed, or on an articular true information stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of 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 challed, or on an articular true information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation of th

SIGNATURE: