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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # S59433

1. Corporation Name
NAVIGATION SYSTEMS SERVICES, INC.



Principal Place of Business
~~2039 TYLER STREET~~
HOLLYWOOD FL 33020
US

Mailing Address
~~2039 TYLER STREET~~
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1930 Tylan st

Suite, Apt. #, etc.

22 City & State
23 Hollywood, FLORIDA

24 Zip 33020

Country

2a. Mailing Address

26 1930 TYLER STREET

Suite, Apt. #, etc.

27 City & State
28 Hollywood, FLORIDA

29 Zip 33020

Country

3. Date Incorporated or Qualified

06/10/1991

4. FEI Number

65-0267205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing ☐

\$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

~~CROSS, R KEA~~
~~2039 TYLER ST~~
HOLLYWOOD FL 33020-4518

10. Name and Address of New Registered Agent

81 Name R. KEVIN CROSS, FA.

82 Street Address (P.O. Box Number is Not Acceptable)
1930 TYLER STREET

83

84 City Hollywood

FL

85 Zip Code 33020

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

TITLE D ☐ DELETE
NAME WHITE, THOMAS
STREET ADDRESS 57 NOBLE ROAD 21 Moriah Ln
CITY-ST-ZIP FAIRVIEW NC Asheville NC 28803

TITLE D ☐ DELETE
NAME WHITE, CHERYL
STREET ADDRESS 57 NOBLE ROAD 21 Moriah Ln.
CITY-ST-ZIP FAIRVIEW NC Asheville NC 28803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME White, Thomas
1.3 STREET ADDRESS 21 Moriah Ln
1.4 CITY-ST-ZIP Asheville NC 28803

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME White Cheryl
2.3 STREET ADDRESS 21 Moriah Ln.
2.4 CITY-ST-ZIP Asheville NC 28803

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

828-654-9692

Daytime Phone #

CR2E034 (11/98)