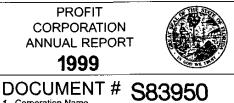
**PROFIT** CORPORATION ANNUAL REPORT

1999

PHASE III SYSTEMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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

03-01-1999 90241 009 \*\*\*150.00

## 

Principal Place	of Business	Mailing Address				11001141					
8390 BAYMEADOWS RD 8380 BAYMEADOWS RD				·				•			
SUITE 17 SUITE 17						DO NOT WRITE IN THIS SPACE					
JACKSONVILLE FL 32256 US JACKSONVILLE FL 32256 US						3. Date Incorporated or Qualifed					
US US						09/27/1991					
		A delti-				4. FEI Number				Applied For	
2. Principal Place of Business 2a. Mailing Address				in	_	••					
21 1131 1131			IFT CIRC. E.			59-30883	31			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired			Additional Required	
City & State 23 NEV TV	INE BEACH FL	City & State 28 NEPTUNE BEAC	:H	FL	-	6. Election Car Trust Fund	mpaign Financing Contribution		•	May Be to Fees	
Zip 322	Country Lob [25] U.S.A	Zip 29 32266 30	Country	H		8. This corpora Personal Pr	ation owes the cur	rent year Ini	tangible Yes	√No '	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
			81	Name						ļ	
CHARLES, KATHLEEN C				<u> </u>							
8380 BAYMEADOWS RD			82 Street Address (P.O. Box Number is Not Acceptable)								
SUITE 17			83						<del></del>		
JACKSONVILLE FL 32256											
ONOTION THE PERSON				City				FL	85 Zij	Code	
office or re agent. I a	to the provisions of Sections 607.0502 a agistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authorida.	orized by	the corpo	corpor oration	ation submits this s board of direct	s statement for the ors. I hereby acce	e purpose of ept the appo	changing i intment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re-	gistered Ager	t signature r	equired w	hen reinstating)	_	DATE			
12.	OFFICERS AND		13.			ADDITIONS/	CHANGES TO O	FFICERS A	ND DIREC	FORS IN 12	
TITLE	DP DELETE		1.1 TITLE		[				Chang	e 🔲 Addition	
NAME	CHARLES, BARCLAY		1.2 NAME								
STREET ADDRESS	TO A TILADIED DD ADT TOP		1.3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP								
TITLE	ST DELETE		2.1 TITLE						Chang	e 🔲 Addition	
NAME	CHARLES, KATHLEEN		2.2 NAME								
	-16-SPYGLASS LANE		2.3 STREET ADDRESS 14		140	SI SPIN	DRIFT C	IRC.	E.		
STREET ADDRESS	DONTE MEDDA EL		2.4 CITY-ST-ZIP		= ا	DONALE	BEACH	E)	.322	166	
CITY-ST-ZIP	PONTE-VEDRA FL		2.4 CHY-S1-ZIP (V)		1700	PIUCE	DRIFT O BEACH,		☐ Chang	e	
TITLE	C Dett. it								_ ,	_	
NAME			3.2 NAME								
STREET ADDRESS	THEE! PUBLICOS		3.3 STREET ADDRESS								
CITY-ST-ZIP		Chelete	3.4. CITY-S	T-ZIP			_		Chang	e 🗍 Addition	
TITLE		☐ DELETE	4.1 TITLE								
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS							

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.

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: /

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Change

Change

Addition

\_\_\_ Addition