1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90016 021 ***158.75

 Corporation 		_							
LANDTECH IMAGE SYSTEMS, INC.								P1811 411	112 - 116 11 (186 1
Principal Place	e of Business	Mailing Address		-		- 10041 014041 00410 13013 16013 20340 1031 01011 3		#1011 #11)
1402 ROYAL PALM BEACH BLVD 1402 ROYAL PALM BEACH									
BUILDING 200 BUILDING 200 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						12/20/1991			
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>		
21 26						65-0302316	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22			Σ			5. Certificate of Status Desired .X	d \$8.75 Additional Fee Required		
	للما المعاصورة المحالات المساء المام				رهن سول چاشست	6, Election Campaign Financing	•		/lay`Be
23		28		intry		Trust Fund Contribution		ded to	rees
Zip	Country Zip			muy		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25 9. Name and Address of Curr	29	30			10. Name and Address of New Registered			
		eur izedistaien Wäsitt		81	Name	19 and	0		
BELL, WYATT				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
15316 ESTANCIA LANE WELLINGTON FL 33414									
				83					
•	•			84	City		85	Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						FL			
SIGNATURE	Signature, typed or printed name of registered a			Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	UD DIDE	CTO	
12.	D OFFICERS /	AND DIRECTORS	13. TE 1.1 TI	T) F		ADDITIONS/CHANGES TO OFFICERS A	□ Cha		Addition
TITLE NAME	BELL, WYATT			AME			_	·	
STREET ADDRESS 1402 ROYAL PALM BEACH BLVD					ADDRESS	,			
	TYLST-ZIP ROYAL PALM BEACH FL 33411				-ZIP				
TITLE	D	DELE					Cha	inge	Addition
NAME	MICHEL, GEORGE			AME					
STREET ADDRESS	310 MEDITERRANEAN RD.		2.3 \$1	TREET	ADDRESS	-			
CITY-ST-ZIP	PALM BEACH FL		2.40	ITY-S1	T-ZIP				
_TITLE	سرم الراميف واستقن المنصد الويسانياسي	DELE المستعدد على المستعدد على	TE 3.1 TF	ΤŁĘ			Cha	ange	مر 🗖 Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				πγ-S	T-ZIP				□ A 3366
TITLE		☐ DELE			1		Cha	inge	☐ Addition
NAME	,		4. 2 N		1	_			
STREET ADDRESS					ADORESS	•			
CITY-ST-ZIP		□ pere		my-st	r-ZIP	-	. Cha		Addition
TITLE	;	☐ DELE	TE 5.1 TI 5.2 N					a ige	
NAME					ADORESS				•
STREET ADDRESS				TY-ST	3				
CITY-ST-ZIP		☐ DELE					☐ Cha	inge	Addition
TITLE NAME			6.2 N				_	-	_
STREET ADDRESS					ADDRESS				
				TY-ST					
CITY-ST-ZIP	J								

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 or many members, with all other like empowered.

SIGNATURE:

NATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41199

561-790-1265

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