

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 044 ***150.00

DOCUMENT # **V05866**

1. Corporation Name

ARIES INFORMATION TECHNOLOGY, INC.



Principal Place of Business

1901-17 W BAY DR
~~STE 190~~ **PMB 193**
LARGO FL 33770
US

Mailing Address

1901-17 W BAY DR
~~STE 190~~ **PMB 193**
LARGO FL 33770
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.
PMB 193 1901-17 W. Bay

2a. Mailing Address

26 Suite, Apt. #, etc.
PMB 193 1901-17 W. Bay

4. FEI Number

893112699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURRAY, PETER E.
565 CIRCLE DR E
LARGO FL 33770

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85 Zip Code
33770

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 **VD** ☒ DELETE
NAME **CECALA, MICHAEL LEONARD**
STREET ADDRESS **1245 S GREENWOOD AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **P** ☐ DELETE
NAME **MURRAY, BARBARA ANN**
STREET ADDRESS **565 CIRCLE DR E**
CITY-ST-ZIP **LARGO FL**

TITLE **VP** ☐ DELETE
NAME **MURRAY, PETER E**
STREET ADDRESS **565 CIRCLE DR E**
CITY-ST-ZIP **LARGO FL**

TITLE **ST** ☐ DELETE
NAME **MURRAY, DENISE**
STREET ADDRESS **1801 10TH AVE. S.W.**
CITY-ST-ZIP **LARGO FL 33770**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

DENISE MURRAY 7/23/99 727-5866628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0128179

V05866
602321-90007-
44

Aries Information Technology, Inc.
PMB 193
1901-17 West Bay Drive
Largo, FL 33770

Florida Department of State
Division of Corporations – Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 23, 1999

Dear Sir or Madam:

Enclosed is the Profit Corporation Annual Report – 1999 for Aries Information Technology, Inc. I have enclosed the standard fee of \$150.00 because I did not receive the first notice. I called to request a form and did not receive one until this second notice. I respectfully request that the late fees be waived. We are a small family run company. Please call me at 727-586-6628 if you need any additional information.

Thank you for your consideration.

Sincerely,

Denise Murray

Denise Murray