

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V17661** (2)

1. Corporation Name

**VIRTUAL SYSTEMS, INC.**



Principal Place of Business

**520 SPRING CLUB DRIVE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**520 SPRING CLUB DRIVE  
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified  
**02/28/1992**

3a. Date of Last Report  
**01/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State

26 Suite, Apt. #, etc.  
27 City & State

4. FEI Number  
**59-3112249**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 Zip Country  
25

29 Zip Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESTEFANO, GUY  
520 SPRING CLUB DRIVE  
ALTAMONTE SPRINGS FL 32714**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of corporation and registered agent, if that applies

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE  
NAME **D DESTEFANO, GUY**  
STREET ADDRESS **520 SPRING CLUB DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

11 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

24 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

25 TITLE ☐ Change ☐ Addition

12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

26 TITLE ☐ Change ☐ Addition

SIGNATURE: *Guy DeStefano* Guy DeStefano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

407-869-9751

Daytime Phone #

CR2E034 (12/95)