FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V39860

1. Corporation Name

ANNEX SYSTEMS, INC.

| FILED |
|---------------------------------|
| Aug 10, 1999 8:00 am |
| Secretary of State |
| 00 10 1000 00010 040 ********** |

08-10-1999 90018 043 ***550.00



| Principal Place | of Business | | Mailing Address | | | | $\neg \neg$ | i iliäti Biilia iliita iliat iaita | #ILEI 48 11 418 11 8 | 1841 B1911 B1911 | 61611 81611 1651 | |
|---|---|---------------------|--------------------------|--------------|--------------|-------------|----------------------|--|---|-------------------------------|-------------------------|--|
| 4071 FORECAS | T DRIVE | | PO BOX 3292 | | | | | | | | | |
| # 111 # 111 | | | | | | | | DO NOT ME | UTE IN THE | CDACE | | |
| BRANDON FL 33511 RIVERVIEW FL 33568-292 | | | | | | | <u> </u> | DO NOT WRITE IN THIS SPACE | | | | |
| US | | | US | | | | ĺ | 3. Date Incorporated or Qualifer 05/26/1992 |] | | | |
| 2. Principal Pl | ace of Business | | 2a. Mailing Addre | ISS_ | | | | 4. FEI Number | | Ar | plied For | |
| 21 4071 | Forecast 1 | Drive | 26 P.O. | 'Box | 329 | 12 | | 59-3126508 | | No. | ot Applicable | |
| Suite, Apt. | | | Suite, Apt. #, | etc. | | | | 5 Certificate of Status Desired | | \$8.75 | Additional | |
| 22 | | | 27 | | | | 1 | 5. Certificate of Status Desired | | Fee Re | equired | |
| City & State | | =1 | City & State 28 KIVEV V | (eu) | F | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| Zip | Cour | atn/ | Zip | 1000 | Country | _ | | 8. This corporation owes the cu | rrent year int | | | |
| | | ÜS | 29 33568-3 | 2292m | U | | 1 | Personal Property Tax. | nen your m | ☐ Yes | □No | |
| 24 335 | 9. Name and Add | | | 30- 10- 30 | | | | 10. Name and Address of New | Registered | Agent | | |
| | 9. Name and Auc | iresa or Quiterit i | tegistered Agent | _ | 81 | Name | | 10. | | | | |
| MILL | er, randell | | | | | L. | | | | | | |
| | S HYDE PARK AVE | | | | 82 | Street | Address | (P.O. Box Number is Not Accep | table) | | | |
| TAMPA FL 33606 | | | | | | | | | | | | |
| 17411 | 1 1 1 L 00000 | | | | 83 | | | | | |) | |
| • | | | | | 84 | City | | , , , , , , , , , , , , , , , , , , , | ۰FL | 85 Zip | Code | |
| office or re | to the provisions of Se egistered agent, or bo m familiar with, and a | th. in the State of | Florida. Such chanc | ie was autho | rized by | the com | corpora oration's | tion submits this statement for the board of directors. I hereby according | e purpose of ept the appoi | changing its intment as re | registered egistered | |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typed or printed na | | | (NOTE: Reg | | t signature | required wh | nen reinstating) | DATE | IO DIDECT | DD0 IN 46 | |
| 12. | | OFFICERS AND | | 1 ere | 13. | | | ADDITIONS/CHANGES TO O | FFICERS AN | OD DIRECTO | Addition | |
| TITLE | D | | ☐ DE | LEIE | 1.1 TITLE | | } | | | Change | L Addition | |
| NAME | FORD, JOHN M. | | | 1 | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 4071 FORECAST | | | | 1.3 STREET | ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | BRANDON FL 33 | 511 | | | 1.4 CITY-S | T-ZIP | <u> </u> | | | | | |
| TITLE | | | ☐ DE | LETE | 2.1 TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | • | | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | • | 4 | 2.3 STREET | ADORESS | i | | | | ļ | |
| CITY-ST-ZIP | | | * + | | 2 4 CITY-5 | T-ZIP | | | | | | |
| TITLE | | | ☐ DE | LETE | 3.1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | | 1 | 3.2 NAME | | | • | | | ļ | |
| STREET ADDRESS | | | | | 3.3 STREE | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 3.4. CITY- 5 | | | | | | | |
| TITLE | | | □ Df | LETE | 4.1 TITLE | | | | | ☐ Change | Addition | |
| | | | | | | | 1 | | | | | |

CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ Change

☐ Addition

Addition