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

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90018 044 ***150.00

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DOCUMENT #	V64476
Corporation Name	V O-1-17-0

M.P.S.I., INC.

			— I 1001; 011310 0111 01011 01011 10011 01011 01011 01011 01011 01011 01011					
Principal Place of Business Mailing Address								
4111 11TH AV		4111 11TH AVE. E						
		Bradenton FL 34208 US	BRADENTON FL 34208		DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed		
						09/17/1992		
2 Princinal I	Place of Business	2a. Mailing Address				4. FEI Number	A	ppli∋d For
21	India of pasitions	26				65-0352568	N	ot /.pplicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee R	equired
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Ft nd Contribution	Added	to Fees
Zip	Count y	Zip	Cour	itry		8. This corporation owes the current year I	tangible	
24	25	29	30			Personal Property Tax.	_ ☐ Yes	[]No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	Agent	
			-	81 N	lame			
	l <mark>bertson, Theod</mark> ore R., Esql	JIRE	}	82 S	treet Addr	ress (P.O. Box Number is Not Acceptable)		
	2 Brownell Street		İ	3	acot Addi	The state of the s		
CLE	ARWATER FL 34616		Ī	83				
			ļ.	84 (N/4		. 85 Zip	Code
			1	04	City	F		Otto
11, Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the ab	ove-na	amed corp	oration submits this statement for the purpose	of changing it	s registered
office o	registered agent, or both, in the State am familiar with, and accept the obliga	o Florida. Such change was a	uthorized	by the	corporation	on's board of cirectors. I hereby accept the app	ointment as r	egisterea
	, ,	11-71.5 OI, GOODON GOV. COGO, V. K.	.,					
SIGNATURE	Signature, typed or printed nai ie of registered agei	nt and title if applicable. (NOT):	Registered /	Agent sig	nature require	d when reinstating) DATE		
12.	OFFICERS AN	II) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /		
TITLE	P	☐ DELETE	1.1 T(T)	LE	j		Change	Addition
NAME	GUGLIETTI, CAROL P		1 2 NA	ME	1			
STREET ADDRESS	4111 11TH AVE EAST		1.3 STF	REETAD	DRESS			
CITY-ST-ZIP	BRADENTON FL		1,4 CIT	Y-ST-ZI	P			
TITLE	VP	☐ DELETE	2.1 TIT	LE			Change	Addition Addition
NAME	GUGLIETTI, JOANN		2.2 NA	ME	Ì			
STREET ADDRESS			2 3 STF	REETAD	DRESS			
CITY-ST-ZIP	TAMPA FL		2, 4 CI1	ry-st-z	ip Ĺ			
TITLE	ST	☐ DELETE	3.1 TIT	LE	T		Change	☐ Addition
NAME	GUGLIETTI, CAROL P		32 NAI	ME	1			
STREET ADDRLSS	1		3.3 STF	REET AD	DRESS			
CITY-ST-ZIP	BRADENTON FL		34 CI	ry-st-z	IP			
TITLE		☐ DELETE	4.1 TIT	LE			☐ Change	Addition
NÁME			4. 2 NA	ME	}			
STREET ADDR :SS	sl		4.3 STI	REET AD	DRESS			
CITY-ST-ZIP	1		4.4 CIT	Y-ST-ZI	P			
TITLE		☐ DELETE	5 1 TIT				Change	Addition
NAME			5 2 NA	ME	1			
STREET ADDRESS	s		5.3 ST	REETAD	DRESS			

oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signs ture shall have he same legal effect as if made inder oath; that I am an a employered to execute this report as required by Charter 607, Florida Statutes; and that my name appears in partyers, with all other like empowered. 14. I here by certify that the information supplied y indicated on this annual report or supplement office or director of the corporation or the Block 12 or Block 13 if change of, or on an

62 NAME

54 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDEESS

TITLE

NAME

Change

☐ Addition