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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S20908

1. Corporation	ER SYSTEMS, INC.				T TRANSPIRATOR FOR THE PROPERTY AND THE	1811 B1811 B1811 8 1	1 /: 1 /11/1 1 1 1/	
Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
P.O. BOX 1681 P.O. BOX 1681								
QUINCY FL 32353 QUINCY FL 32353					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					12/14/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For	
21		26			59-3043645	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc).			\$8.75 A		
22		27				Fee Rec	luired	
City & Stat	е	City & State		-	6. Election Campaign Financing	\$5.00		
23		28		-	Trust Fund Contribution	Added to	Fees	
Zip	Country Zip Cou		ntry	8. This corporation owes the current year Int		⊒No Ì		
24	[25]	29	30		Personal Property Tax. 10. Name and Address of New Registered			
<u>.</u> .	9. Name and Address of Current	Registered Agent		81 Name	to. Hame and Address of New Registered	- Bour		
OUR	GG, FRANCES							
	OAK PARK ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
	CHOPPY FL 32358			83			 	
•					•			
				84 City	FL	85 Zip C	ode	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	f Florida. Such change vons of, Section 607.0505	was authorized 5, Florida Stati	tes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose	changing its intment as reg	egistered istered	
12.	OFFICERS AND		13.	rigoti digitata i sign	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
		DIRECTORS			ADDITIONS/CHANGES TO OT LICENS AT			
-	P	DELET	TE 1.1 TI	N.E.	ADDITIONS/CHANGES TO OFFICENS AF	Change	Addition	
TITLE	P Browne, Alex		TE 1.1 TT		ADDITIONS/CHANGES TO OTTIOENS AT			
TITLE NAME	BROWNE, ALEX		1.2 N/		ADDITIONS/CHANGES TO OTTIOERS AT			
TITLE NAME STREET ADDRESS	BROWNE, ALEX P.O. BOX 1681 N/A		1.2 NA 1.3 ST	ME	ADDITIONS/CHANGES TO OFFICERS AT			
TITLE NAME	BROWNE, ALEX		1.2 NA 1.3 ST 1.4 CF	ME TREET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE AS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWNE, ALEX P.O. BOX 1681 N/A	☐ DELET	1.2 NA 1.3 ST 1.4 CF	REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OTTIOERS AT	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CF TE 2.1 TF 2.2 N/	REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OTTIOE NO A	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 NA 1.3 ST 1.4 CT TE 2.1 TT 2.2 NA 2.3 ST	REET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OTTIOE NO A	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 NA 1.3 ST 1.4 CT TE 2.1 TT 2.2 NA 2.3 ST 2.4 C	ME REET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS	ADDITIONS/CHANGES TO OTTIOE IS A	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 Ne 1.3 ST 1.4 CI TE 2.1 TI 2.2 Ne 2.3 ST 2.4 C	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE	ADDITIONS(CHANGES TO OFFICERS AT	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/ 2.3 SI 2.4 C TE 3.1 TI 3.2 N/	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE	ADDITIONS (CHANGES TO OTTIOLING AT	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C TE 3.1 TT 3.2 N/ 3.3 ST 3.4 C	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TIY-ST-ZIP TLE MME	ADDITIONS/CHANGES TO OTTIOERS AT	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C TE 3.1 TT 3.2 N/ 3.3 ST 3.4 C	ME REET ADDRESS TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME REET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	ADDITIONS(CHANGES TO OTHOLING AT	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C TE 3.1 TT 3.2 N/ 3.3 ST 3.4 C	ME REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS ITY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE	ADDITIONS(CHANGES TO OTTIOE NO AT	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS TREET ADDRESS TREET ADDRESS TITLE TITLE TITLE	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 NF 1.3 ST 1.4 CF 1.4 CF 1.5 2.1 TF 2.2 NF 2.3 ST 2.4 CF 1.5 3.1 TF 3.2 NF 3.3 ST 3.4 CF 1.5 TE 4.1 TF 4.2 NF 4.3 ST	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS	ADDITIONS(CHANGES TO OTHOLING A	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	DELET	1.2 No. 1.3 ST 1.4 CT 1.5 TE 2.1 TI 3.2 No. 1.5 TE 3.1 TI 4.2 No. 1.5 TE 4.1 TT 4.2 No. 4.3 ST 4.4 CT 1.5 TE 4.4 C	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TITY-ST-ZIP TLE MME REET ADDRESS TITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	ADDITIONS(CHANGES TO OTTIOLIS) A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	☐ DELET	1.2 N/ 1.3 ST 1.4 CF TE 2.1 TF 2.2 N/ 2.3 ST 2.4 CF TE 3.1 TF 3.2 N/ 3.3 ST 3.4 CF TE 4.1 TF 4.2 N/ 4.3 ST 4.4 CF TE 5.1 TF	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE	ADDITIONS(CHANGES TO OTHOLING A	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	DELET	1.2 NF 1.3 ST 1.4 CF 1.4 CF 1.5 2.1 TF 2.2 NF 2.3 ST 2.4 CF 1.5 3.1 TF 3.2 NF 3.4 CF 1.5 4.1 TF 4.2 NF 4.3 ST 4.4 CF 1.5 ST 1.5	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	ADDITIONS/CHANGES TO OTTIOE ROA	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	DELET	1.2 NF 1.3 ST 1.4 CI TE 2.1 TI 2.2 NF 2.3 ST 2.4 C TE 3.1 TI 3.2 NF 3.3 ST 3.4 C TE 4.1 TI 4.2 NF 4.3 ST 4.4 CI TE 5.1 TI 5.2 NF 5.3 ST	ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	ADDITIONS/CHANGES TO OTTIOLIS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWNE, ALEX P.O. BOX 1681 N/A QUINCY FL 32353	DELET	1.2 NF 1.3 ST 1.4 CI TE 2.1 TI 2.2 NF 2.3 ST 2.4 C TE 3.1 TI 3.2 NF 3.3 ST 4.4 CI TE 4.1 TI 4.2 NF 4.3 ST 4.4 CI TE 5.1 TI 5.2 NF 5.3 ST 5.4 CI	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE MME REET ADDRESS TIY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OTTIOLIS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

912-246-1138

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

04-07-1999 90087 027 ***150.00