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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **639800** **(2)**

1. Corporation Name
SOUTHERN MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
625C HERNDON AVE P.O. BOX ~~500000~~ 149966 ORLANDO FL 32803 US	625 C HERNDON AVE P.O. BOX ~~529000~~ 149966 ORLANDO FL 32803-5187 US

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 PO Box 149966 City & State 23 SAME Zip / Country 24 SAME / 25	2a. Mailing Address 26 SAME Suite, Apt. #, etc. PO Box 27 149966 City & State 28 SAME Zip / Country 29 / 30

3. Date Incorporated or Qualified 10/12/1979	3a. Date of Last Report 03/05/1996
4. FEI Number 59-1956661	☐ 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	

9. Name and Address of Current Registered Agent

HELLER, BJ
116 E CONCORD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: CALVIN HORVATH
82 Street Address (P.O. Box Number is Not Acceptable): 116 E. Concord
83
84 City: ORLANDO FL 85 Zip Code: 32803

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: CALVIN HORVATH — See Attached Form — DATE: 1/6/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIGSBEE, TERRI A		1.2 NAME		
STREET ADDRESS	4830 S SEMORAN BL #1106		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOHONEN, STEPHEN G		2.2 NAME		
STREET ADDRESS	3021 S OSCEOLA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BANDUR, MARK J		3.2 NAME		
STREET ADDRESS	10421 CRESTO DEL SOL CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEY, PATRICIA		4.2 NAME		
STREET ADDRESS	2416 VOTAW RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Terri A Sigsbee — VP — 1/6/97 — (407) 895-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #