

3-3-95 B-1782-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F23555

(8)

1. Corporation Name

SYSTEMS PLUS SOLUTIONS, INC.

Principal Place of Business

1720 LAKE SHORE DRIVE
FT. LAUDERDALE FL 33326-2348

Mailing Address

1720 LAKE SHORE DRIVE
FT. LAUDERDALE FL 33326-2348

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 3250 CORPORATE WAY

2a. Mailing Address

26 3250 CORPORATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIRAMAR FL

City & State

28 MIRAMAR FL

Zip

24 33025

Country

25 BROWARD

Zip

29 33025

Country

30 BROWARD

3. Date Incorporated or Qualified

03/04/1981

3a. Date of Last Report

06/09/1994

4. FEI Number

52-2100368

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

MANNE, ROBERT J.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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 607.0502 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

(Print or typed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, CHARLES
STREET ADDRESS	1720 LAKESHORE DR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VTSD
NAME	MIRANDE, RICHARD
STREET ADDRESS	1720 LAKESHORE DR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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:

Richard Miranale V.P. ; RICHARD MIRANALE

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number

1/11/95 305-430-1002