

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:36

DOCUMENT # L08743 (1)
1. Corporation Name
SYSTEMCS, INC.

Principal Place of Business Mailing Address
PO BOX 1823 PO BOX 1823
VENICE FL 34284-8823 VENICE FL 34284-8823

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1989** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		04-2632274		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**BOONE, STEPHEN K.
1001 AVENIDA DEL CIRCO
VENICE FL 34285**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☒ Change ☐ Addition
NAME	COSTONIS, ARTHUR C.	1.2 NAME	
STREET ADDRESS	3168 WILLOW SPRINGS CIR	1.3 STREET ADDRESS	90 Palm Drive
CITY - ST - ZIP	VENICE FL	1.4 CITY - ST - ZIP	Venice, FL
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	COSTONIS, JOANN B	2.2 NAME	
STREET ADDRESS	3168 WILLOW SPRINGS CIR	2.3 STREET ADDRESS	90 Palm Drive
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	Venice, FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur C. Costonis Arthur C. Costonis ✓ 4/6/95 ✓ 813-483-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)