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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32879

1. Corporation Name
SYSTEMSOURCE OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
303 BRAME RD
RIDGELAND MS 39157
US

Mailing Address
303 BRAME RD.
RIDGELAND MS 39157
US

3. Date Incorporated or Qualified
03/01/1991

2. Principal Place of Business
21 303 Brame Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 303 Brame Rd.
Suite, Apt. #, etc.

4. FEI Number
65-0796644
Applied For
Not Applicable

22 City & State
23

27 City & State
28

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country
25

29 Zip Country
30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, BARBARA SUSAN
2512 MEEK RD
GULF BREEZE FL 32561

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Traxler, David and Lamb, Jeff.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows for additional officers/directors.

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.

SIGNATURE: _____ 2/9/99 601-853-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)