FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra G. Mesthâm

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078755 (1)

MODERN SYSTEMS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 4694 BEACHWOOD 343 ALMERIA AVENUE ELLICOTT CITY MA 21043-6802 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 650697554 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tex under s. 199.032, Yes 🔀 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 1. 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, typied or printed name of registered agent and title it applicable. (NOTE Flegistered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. ☐ DELETE Change Addition Title 6 1.1 TITLE MCDONAUGH, THOMAS J CR2E034 NAME 1.2 NAME 343 ALMERIA AVENUE STHEET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change HILE TISCHLER, ROMA H NAMI 2.2 NAME 343 ALMERIA AVENUE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 2. 4 CITY-ST-ZIP City - St - ZiP DELETE Change Addition 3.1 TITLE THE 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Addition 4.1 TITLE THE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAST 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CI1Y - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAM! 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COY-ST 2F 64 CITY-ST-ZIP

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

SIGNATURE:

appears in Block 12 or Block 13 if changed

FILED

Apr 21 1997 8:00am

Secretary of State