

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 282022 (3)

1. Corporation Name

SYSTEMS CONSULTANTS, INC.

Principal Place of Business

10928 N 56TH ST
PO BOX 16171
TAMPA FL 33617

Mailing Address

10928 N 56TH ST
PO BOX 16171
TAMPA FL 33617



3. Date Incorporated or Qualified
06/03/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 E. BULLARD PKWY**

26 **111 E. BULLARD PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **204**

27 **204**

City & State

City & State

23 **TEMPLE TERRACE, FL**

28 **TEMPLE TERRACE, FL**

Zip

Zip

Country

Country

24 **33617**

25 **USA**

29 **33617**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELBARE, KATHLEEN
5114 CHILKOOT AVE.
1804 E. 115TH AVE.
TAMPA FL 33612**

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

Kathleen Elbare

Kathleen Elbare

4/19/96

(Signature of Registered Agent required when registering)

(Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS** ☐ DELETE
NAME **EICHHOLZ, GERHARD C**
STREET ADDRESS **10415 N. 46TH ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **DENNARD, MERLE**
STREET ADDRESS **1545 OAK LANE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☐ Change ☐ Addition
1.2 NAME **EICHHOLZ, GERHARD C**
1.3 STREET ADDRESS **10415 N. 46TH ST**
1.4 CITY-ST-ZIP **TAMPA, FL 33617**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

TITLE **PT** ☐ DELETE
NAME **ELBARE, KATHLEEN**
STREET ADDRESS **1804 E. 115TH AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **VS** ☒ Change ☐ Addition
3.2 NAME **ELBARE, KATHLEEN**
3.3 STREET ADDRESS **1804 E. 115TH AVE**
3.4 CITY-ST-ZIP **TAMPA, FL 33617**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **EICHHOLZ, ANTOINETTE C**
4.3 STREET ADDRESS **705 LAKEWOOD AVE**
4.4 CITY-ST-ZIP **TAMPA, FL 33613**

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 do 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)(k), 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, except an attaching with my address.

SIGNATURE:

Kathleen Elbare

Kathleen Elbare

4/19/96

(Signature and Typed or Printed Name of Signing Officer or Director)

Date Daytime Phone #

(813) 985-3208

CR2E034 (12/95)