

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mathien Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 488550

1. Corporation Name

CCS Systems, Inc.

Principal Place of Business

**116 Wayland Circle
Longwood, FL 32779
USA**

Mailing Address

**116 Wayland Circle
Longwood, FL 32779
USA**

2. Principal Place of Business

21 116 Wayland Circle

Suite, Apt. #, etc.

22

City & State

23 Longwood, Florida

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 116 Wayland Circle

Suite, Apt. #, etc.

27

City & State

28 Longwood, Florida

Zip

29 32779

Country

30 USA

9. Name and Address of Current Registered Agent

**Campbell, Brenda R.
116 Wayland Circle
Longwood, Florida 32779**

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 (f)(2) 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 607.009(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **Campbell, Bruce L.**
STREET ADDRESS **116 Wayland Circle**
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE ☐ DELETE

NAME **Campbell, Brenda R.**
STREET ADDRESS **116 Wayland Circle**
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

71 NAME

72 STREET ADDRESS

73 CITY-ST-ZIP

8. TITLE ☐ Change ☐ Addition

81 NAME

82 STREET ADDRESS

83 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 607.009(1), 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: Brenda R. Campbell
Brenda R. Campbell

**President/
Director**

07/22/96

(407)862-3793

CR2E034 (12/95)