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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 554729 (4) MODERN MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address -21753 TOWN PLACE DR 21218 ST. ANDREWS BLVD. -BOCA RATON FL 83439 SHITE 246 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433** 3. Date Incorporated or Qualified US <u> 10/31/1977</u> 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For 21 26 59-1992181 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 11600 TIMBERS 27 City & State 6. Election Campaign Financing \$5.00 May Be BOCA Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 26 Personal Property Tax due June 30. □ No 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLS, CHRISTOPHER E 633 S ANDREWS AVE 82 Street Address (P.O. Box Number is Not Acceptable) THIRD FLOOR 63 FT LAUDERDALE FL 33301 84 City 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 the if applicable DATE (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE SMALL, MARGARET REED 1.2 NAME NAME 3R2E034 21218 ST. ANDREWS BLVD 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 14 CITY - ST-7IP DELETE Спалае Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

1/15/28

FILED