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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

SYSTEMS PLUS SOLUTIONS, INC.

FILED May 06 1998 8:00am Secretary of State



Delegated Division	a of Business	Mailing Address				#101 OPP WIRT #101 100
Principal Plac	Mailing Address			1		
3250 CORPORATE WAY MIRAMAR FL 33025		3250 CORPORATE WAY MIRAMAR FL 33025				
US	. vajej	us Us			DO NOT WRITE IN THIS	SPACE
		•			3. Date Incorporated or Qualified 03/04/1981	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		52-2100368	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		<u></u> .	Certificate of Status Desired	Fee Required
City & Stat	t e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cur	
24	25		30			Yes No
	9. Name and Address of Curre	nt Registered Agent	8	2T	10. Name and Address of New Registered	Agent
	ANNE, ROBERT J.		*	1 Name		
	11 STIRLING ROAD		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	······································
FI	r. La uderdale FL 33312		8	2		
			L			
			8	4 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508. Florida Statute	s. the abo	ve-named cor	poration submits this statement for the purpose of	changing its registered
office or r	registered agent, or both, in the State am la miliar with, and accept the oblig	e of Florida. Such change was ai	uthorized I	by the corpora	ation's board of directors. I hereby accept the app	ointment as registered
	an ignimal with, and accept the oblig	pations of, Section 607,0305, Fol	nua statut	co.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered A	gont signature requ	uired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETÉ	1.1 TITLE			☐ Change ☐ Addition
NAME	FERNANDES, CHARLES		1.2 NAM	E		
STREET ADDRESS	1720 LAKESHORE DR.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY	- ST- ZIP	•	
TITLE	VISD DELETE		2.1 TITLE			Change Addition
NAME	MIRANDE, RICHARD		2.2 NAM	E		
STREET ADDRESS	1720 LAKESHORE DR.		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY			
TITLE	DELETE		3 1 TITLE			Change Addition
NAME			3 2 NAM			_
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME	İ		4. 2 NAM	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	1		4.4 CITY	{		
TITLE		DELETE	5.1 Table			Change Addition
NAME			5.2 N MI			
STREET ADDRESS				ET ADDRESS		
				i		
CITY-ST-ZIP TITLE		DELETE	5.4 C Y-	-ST-ZIP		Change Addition
		T percie	1 1	- 1		C Supplies
NAME OTREET ADDRESS			6.2 NIMI			
STREET ADDRESS	1		1	ET ADDRESS		
CITY-ST-ZIP	l .		■ 64 CUY-	- 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 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 on an attachment with an address.