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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

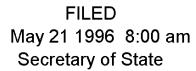
1996

DOCUMENT #

F46895

(1)

CERTIFIED SYSTEMS, INC.





		Mailing Address						
		3402 ORIENT ROAD TAMPA FL 33619						
				10/01/1981 1		nte of Last Report 10/23/1995		
		2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2138924		60-	Not Applicable
Suite, Apt #, etc.		Suite Apt. #, etc [27]		5. Gertificate of Status Desired			5 Additional Required	
City & Star	te	City & State			6. Election Campaign Financing			00 May Be
23		28			Trast Fund Contribution		•	led to Fees
Zip	Country 25	Z ₁ p)	Country 30		This corporation has liability for Florida Statutes	s 🔲 No		
	Name and Address of Current	Registered Agent		,	10. Name and Address of New F	egistered A	gent	
			81	Name				
FLETCHER, GLENN MICHAEL			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	PRIENT ROAD		83	 				
IAMPA	FL 33619			<u> </u>				
			84	City		FI	85	Zip Code
	ered agent, or both, in the State of Florid with, and accept the obligations of, Section Section 1, 1997 or protection of registers typed or protection of registers typed or protection of registers typed or protection.	on 607.0505, Florida Statute				ointment as n	əgisten	ed agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECT	IORS IN 12
TITLE	PD	☐ DELETE	1 1 TULE) Chang	Addition
NAME	FLETCHER, GLENN M		1.2 NAME					
\$TREET ADDRESS	607 PRINCETON ST. BRANDON FL			LADDHESS				
CITY - ST - ZIP	STD	DELETE	2 1 TIFLE	ŠI ZIP			Chang	e
TH LE NAME	FLETCHER, RUTH A	Dixter	2 1 MILE 2 2 NAME				Onding	Magneton
STREET ADDRESS	AAR BOUNDERON ATDEET			LADDRESS				
City-St-ZiP	BRANDON FL		2 4 C (TY -					
TITLE		☐ DELETÉ	3 1 TITLE				Chang	e 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS	ĵ.		33 STRE	T ADDRESS				
CITY - ST - ZIP		☐ DELETE	3.4 CITY -	ST-ZIP			1 Chang	e Addition
TITLE		L'1 pereue	4 1 TITLE 4 2 NAME			L_) Chang	E MODITION
NAME STREET ADDRESS	-			! ADDRESS				
CITY - ST - ZIP			4.4 CITV -					
TITLE		☐ DELETE	5 1 TITLE] Chang	e Addition
NAME			5.2 NAME					
STREET ADDRESS	s		5 3 STREE	1 ADDRESS				
CITY-ST-ZIP			5 4 Ci1y -	S1 - ZIP				
TITLE		☐ DELETE	6 1 TIFLE] Chang	e [] Addition
NAME			6 2 NAME	+				
STREET ADDRESS	S			F ADDRESS				
CITY-ST-ZP		The state of the s	6.4 CITY-	ST-ZIP	for the execution stated in Section 110	O7/2vlk\ Flor	ida C•	tutos I furthor

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 logal 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytore Phone #