

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F50498**

1. Corporation Name

CORPORATE CONTROL SYSTEMS INC.
CORPORATE CONTROL SYSTEMS INC.

Principal Place of Business

Mailing Address

Corporate Control Systems
3701 SW 84th St
Gainesville FL 32608-3613

Corporate Control Systems
3701 SW 84th St
Gainesville FL 32608-3613

3. Date Incorporated or Qualified

10-21-81

3a. Date of Last Report

4/18/96

4. FEI Number

59-2131028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Name

25. Address

29. Name

30. Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Victor Schmidt
C/O Corporate Control Systems
3701 SW 84th St
Gainesville FL 32608-3613

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PRESIDENT

☐ DELETE

2. NAME

VICTOR SCHMIDT

3. STREET ADDRESS

3701 SW 84TH ST

4. CITY - ST - ZIP

GAINESVILLE FL 32608

5. TITLE

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

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*****165.00**

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR P. SCHMIDT

4/21/97

Date

Daytime Phone #

CR2E034 (9/96)