

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58600

1. Corporation Name

SYSTEMARK OF ORLANDO, INC.

(0)
Systemark of Orlando, Inc.
265 N. Wymore Rd.
Winter Park, FL 32789



Principal Place of Business

Mailing Address

~~807 S. ORLANDO AVENUE~~
~~SUITE F~~
WINTER PARK FL 32789
US

~~807 S. ORLANDO AVENUE~~
~~SUITE F~~
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified
01/01/1982

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 265 N. WYMORE Rd.
Suite, Apt. #, etc.

26 265 N. WYMORE Rd.
Suite, Apt. #, etc.

4. FEI Number
59-2154780

Applied For
Not Applicable

22
23 City & State
WINTER PARK, FL

27
28 City & State
WINTER PARK, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
32789 USA

29 Zip Country
32789 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, ROBERT S.
807 S. ORLANDO AVE., SUITE F
WINTER PARK FL 32789

Systemark of Orlando, Inc.
265 N. Wymore Rd.
Winter Park, FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
265 N. WYMORE ROAD
83
84 City WINTER PARK FL 85 Zip Code 32789

11. Pursuant to the provisions of Sections 607.0702 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

2/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TAYLOR, ROBERT S.
STREET ADDRESS ~~807 S. ORLANDO AVE. #F~~
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 265 N. WYMORE ROAD
1.4 CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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

2/1/96 407-644-4779

CR2E034 (12/95)