

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

1996-2-5-94 B- 0-7-18 C-

DOCUMENT # F95000000853 (0)

1. Corporation Name

INTIME SYSTEMS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1655 PALM BEACH LAKES BLVD
STE 200
WEST PALM BEACH FL 33401

1655 PALM BEACH LAKES BLVD
STE 200
WEST PALM BEACH FL 33401

Address correction
see item 2

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1601 Forum Place

26 1601 Forum Place

4. FEI Number

65-0480407

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

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

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, MICHAEL D
712 U.S. HIGHWAY ONE, 4TH FLOOR
NORTH PALM BEACH FL 33408

81 Name

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

83

84 City

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

CFO

☐ Change ☒ Addition

NAME

BERRY, WILLIAM E

1.2 NAME

MURPHY, MARK

STREET ADDRESS

1655 PALM BEACH LAKES BLVD., STE 200

1.3 STREET ADDRESS

6160 ST. ANDREWS RD.

CITY- ST- ZIP

WEST PALM BEACH FL 33402 See Above

1.4 CITY- ST- ZIP

COLUMBIA, SC 29072

TITLE ☐ DELETE

2.1 TITLE

VP

☐ Change ☒ Addition

NAME

STEINER, JOHN E

2.2 NAME

GOLDKILLER, COLINE

STREET ADDRESS

6160 ST. ANDREWS ROAD

2.3 STREET ADDRESS

6160 ST. ANDREWS RD.

CITY- ST- ZIP

COLUMBIA SC

2.4 CITY- ST- ZIP

COLUMBIA, SC 29072

TITLE ☒ DELETE

3.1 TITLE

VP

☐ Change ☒ Addition

NAME

SCHIFF, ROBERT

3.2 NAME

MCDONALD, MICHAEL

STREET ADDRESS

6160 ST. ANDREWS ROAD

3.3 STREET ADDRESS

1601 FORUM PLACE, SUITE 500

CITY- ST- ZIP

COLUMBIA NJ

3.4 CITY- ST- ZIP

WEST PALM BEACH, FL 33401

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

DEAN, JAMES C

4.2 NAME

STREET ADDRESS

1655 PALM BEACH LAKES BLVD., STE 200

4.3 STREET ADDRESS

CITY- ST- ZIP

WEST PALM BEACH FL See Above

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

DRUSIN, SHERMAN A

5.2 NAME

STREET ADDRESS

84 WESTCHESTER BUSINESS PARK DR.

5.3 STREET ADDRESS

CITY- ST- ZIP

ARMONK NJ

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

WILLIAMS, RICHARD H

6.2 NAME

STREET ADDRESS

900 S. U.S. HIGHWAY ONE

6.3 STREET ADDRESS

CITY- ST- ZIP

JUPITER FL

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/96

803-798-7253

CR2E034 (12/95)