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FILED
May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000853 (0)

1. Corporation Name

INTIME SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH FL 33401
US

Mailing Address

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH FL 33401-8101
US

3. Date Incorporated or Qualified
02/21/1995

3a. Date of Last Report
02/05/1996

4. FEI Number

65-0480407

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

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
BERRY, WILLIAM E
1601 FORUM PLACE SUITE 500
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VT
STEINER, JOHN E
6160 ST. ANDREWS ROAD
COLUMBIA SC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
MURPHY, MARK
6160 ST ANDREWS RD
COLUMBIA SC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
DEAN, JAMES C
1601 FORUM PLACE SUITE 500
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DRUSIN, SHERMAN A
84 WESTCHESTER BUSINESS PARK DR.
ARMONK NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAMS, RICHARD H
900 S. U.S. HIGHWAY ONE
JUPITER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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

Date

Daytime Phone #

0295621

CR2E034 (9/96)