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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600006364 (1)

SYLVEST MANAGEMENT SYSTEMS CORPORATION

FILED Apr 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 10001 DEREKWOOD LN SUITE 225 10001 DEREKWOOD LN SUITE ANHAM MD 20706 LANHAM MD 20708 4865									
! :							3. Date Incorporated or Qualified 12/05/1996	3a. Date of La	st Report 7; 1st report
			a. Mailing Address				4, FEI Number	-	Applied For
Suite, Ap	t #, etc	Suit	26 Suite, Apt. #, etc.			·····	52-1550631 5. Certificate of Status Desired	Not Applicable 5 Additional Required	
City & Str	ate		& State				6. Election Campaign Financing		00 May Be
23	1 0	28					Trust Fund Contribution		led to Fees
7ip 24	Country 25	Zip		30	untry		8. This corporation has liability for Florida Statutes	intangible tax und] Yes M No	er s. 199.032,
	g. Name and Address of Curre		d Agent	1441	1		10. Name and Address of New Re	gistered Agent	
MIII	BRAY GARY				81	Name			
Murray, gary 1000 West McNab Road, suite 234/235					82	Street Addr	ess (P.O. Box Number is Not Acceptal	nle)	
POMPANO BEACH FL 33069									
					83				
					84	City		FL 85	Zip Code
11 Pursuar	to the provisions of Sections 607.09	502 and 607 1	508 Florida Sta	tides the	abovi	a-named corn	oration submits this statement for the		on its registered
office or	registered agent, or both, in the Sta	tle of Florida. S	luch change wa	as authoriz	ed by	the corporat	oration submits this statement for the plan's board of directors. I hereby acce	pt the appointmen	t as registered
_	an familiar with, and accept the obli	igations of, Sec	0,000 007.0505	Fiorida St	alules	š.			
SIGNATURE	Signature Typed or proved name of registered a	agent and title if app	licable (#	NOTE: Registe	ed Age	ni signature requir	ed when reinstating)	DATE	
12.		AND DIRECTOR	38	13	•		ADDITIONS/CHANGES TO OFFIC		
DILE	PT		DELETE	1.1	TITLE			Chai	nge 🔲 Addition
NAME	MURRAY, GARY			1.2	NAME	İ			
STREET ADDRESS	10001 0010010000 0010000	E 225		1.3	STREET	ADDRESS			
CITY-ST ZIP	LANHAM MD 20706		1 05 555		CITY-5	T-ZIP			The same
TITLE	V		DELETE		TITLE	Į.		L. Chai	nge 🔲 Addition
NAME	STRANG, WILLIAM	·			NAME	[
STREET ADDRESS	10001 22121111000 211 1011	E 225				ADDRESS			
C TY - S1 - 7/P	LANHAM MD 20706		Driver		CITY-	ST-ZIP		Cha	an Addition
TILE	S ANIDDAY ADSATUED		DELETE		TITLE			L Cha	nge L Addition
NAME OTERA 7 ABORES	MURRAY, AREATHER	re oos		4	NAME	ADDOCCO.			
STREET ADDRESS		IE 223				ADDRESS			
CITY - ST - ZIP TITLE	LANHAM MD 20706	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DELETE		CITY-	51- ZIP		☐ Chai	nge Addition
NAM!			L DELCIE	1	NAME			5140	
STREET ADDRESS	e					ADDRESS			
CITY - \$T - ZIF	3				CITY-S				
TITLE			DELETE		TITLE	71 · 4H		☐ Cha	nge Addition
NAME					NAME				
STHEET ADDRESS	S					ADDRESS		•	
Crty - S1 - ZIP	"				CITY - S				
THE									
			DELETE		TITLE		!	☐ Cha	nge Addition
NAME:			DELETE	61				☐ Cha	nge Addition
NAME STREET ADDRESS	s		DELETE	6.2 6.2	TITLE NAME	ADDRESS		☐ Cha	nge 🔲 Addition

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 armual 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 attention with an address.

SIGNATURE:

S G TO THE DIED THE DESIGNING OFFICER OF ENECTOR

4/2/97

301-459-2700

Daytime Phone # 0011360