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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68219

(6)

1. Corporation Name TIME MANAGEMENT SYSTEMS, INC. Principal Place of Business 6 PETER J. KEARNS 1019 ARLINGTON AVEN. ST.PETERSBURG FL 33705 Mailing Address 1019 ARLINGTON AVEN. ST.PETERSBURG FL 33705					0				
					3. Date Incorporate 11/08/1983				
2. Principal P	lace of Business		2a. Mailing Addres	SS		4. F£l Number		·	pplied For
1]	Suite, Apt. #, etc.		26 Suite, Apt. #, etc. 27			<u>59-2324815</u>	 	Not Applicable	
Suite, Apt						5. Certificate of Sta	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e		City & State			6. Election Campai	ign Financing		May Be
3]			28			Trust Fund Cont	ribution		to Fees
Z)p ∃1	ı	Country	Ζφ	<u> </u>	Country			ntangible tax under	s. 199.032,
4	25 Same and	Address of Curre	29 nt Registered Agent	30	<u> </u>	Florida Statutes 10. Name and Addi		Yes No	
KEAI	RNS, PETER J.	TAGE OF COLUMN	in the grand out an area		81 Name	701 112-112-112-112-112-112-112-112-112-11			·
	ARLINGTON A	VEN.			82 Street	Address (P.O. Box Number	is Not Apportab	io)	
	ETERSBURG FI				oz Street	AUGIBSS (F.O. BOX NUTIDE)	is Not Acceptabl	110)	
					83				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					84 City			- 85 Zip	Code
					1 1 2				
11. Pursuant	to the provisions	of Sections 607.050	02 and 607, 1508, Florida of Florida, Such change	Statutes,	the above-named	corporation submits this sta	tement for the p	urpose of changing at the appointment a	s registered
SIGNATURE		ited name of registered ag	ent and title if applicable		egisterød Agent signature	corporation submits this sta coration's board of directors required when reinstatrol		DATE	······
SIGNATURE.	Signature, typed or pur	ited name of registered ag	erif and title if applicable ID DIRECTORS	(NOTE: Re	gistered Agent signature	required when reinstating)		DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE. 12. TITLE	Signature typical or pur	olod name of registered ag OFFICERS AN	ent and title if applicable	(NOTE: Re	ngisterad Agant signature 13. 1.1 TIRE	required when reinstating)		DATE	DRS IN 12
SIGNATURE. 112. TITLE NAME	Signature typict or print DP KEARNS, PET	ited name of registered ag OFFICERS AN	erif and title if applicable ID DIRECTORS	(NOTE: Re	ngisterad Agent signature 13. 1.1 TIRLE 1.2 NAME	required when reinstating) ADDITIONS/CHA		DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE. 12. TITLE NAME STREET ADDRESS	Signature typical or pur	oted name of registered ag OFFICERS AN ER J TON AVE.,N.	erif and title if applicable ID DIRECTORS	(NOTE: Re	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)		DATE CERS AND DIRECTO	DRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 813-822-334

FILED

May 12 1997 8:00am

Secretary of State