FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:31

DOCUMENT # **H86142** **(7)**

1. Corporation Name
CMS SYSTEMS, INC.

Principal Place of Business	Mailing Address
3615 SWANN AVENUE P.O. BOX 10239 TAMPA FL 33679-7239	3615 SWANN AVENUE P.O. BOX 10239 TAMPA FL 33679-7239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/20/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **5211 W. Laurel Street**
22 Suite, Apt. #, etc. **PO BOX 24209**
23 City & State **Tampa FL**
24 Zip **33623 -4209** 25 Country

2a. Mailing Address
26 **P.O. Box 24209**
27 Suite, Apt. #, etc.
28 City & State **Tampa FL**
29 Zip **33623 -4209** 30 Country

4. FEI Number **59-2617965** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCAGLIONE, LUCILLE P 3615 SWANN AVENUE TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) **5211 W. Laurel Street** 83 84 City **Tampa** **FL** 85 Zip Code **33607**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	PLESS, JAMES A.	12 NAME	
STREET ADDRESS	3615 SWANN AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PLESS, CHARLOTTE E.	22 NAME	
STREET ADDRESS	3615 SWANN AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	PTD	31 TITLE	☐ Change ☐ Addition
NAME	SCAGLIONE, LUCILLE P	32 NAME	
STREET ADDRESS	3615 SWANN AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Lucille P. Scaglione Lucille P. Scaglione 3/31/95 (813) 282-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004681 CP