

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H86142 (7)
1. Corporation Name
CMS SYSTEMS, INC.



Principal Place of Business
**5211 W. LAUREL STREET
PO BOX 24209
TAMPA FL 33623-4209
US**

Mailing Address
**P.O. BOX 24209
TAMPA FL 33623-4209
US**

3. Date Incorporated or Qualified **11/20/1985** 3a. Date of Last Report **04/03/1995**
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**SCAGLIONE, LUCILLE P
5211 W. LAUREL STREET
TAMPA FL 33607**

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 filing change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESS, JAMES A.	1.2 NAME	
STREET ADDRESS	3615 SWANN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESS, CHARLOTTE E.	2.2 NAME	
STREET ADDRESS	3615 SWANN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	PTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAGLIONE, LUCILLE P	3.2 NAME	
STREET ADDRESS	3615 SWANN AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Lucille P Scaglione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96 (813) 289-6655
DATE: DAY: MONTH: YEAR: TELEPHONE: AREA: NUMBER:

CR2E034 (12/95)