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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86142

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CMS SYSTEMS, INC.

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Secretary of State	

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Principal Plac	e of Business	Mai	ling Address					IPI BIBII BIBII	41))) 3 0 0	(B)	i
5211 W. LAUR	REL STREET	P.C	OP. BOX 24209				· ·				
PO BOX 24209 TAMPA FL 33623-4209							DO NOT WOO				
TAMPA FL 33623-4209 US						DO NOT WRIT		SPACE			
US							3. Date Incorporated or Qualified				
6 Principal P	lace of Business	28.	Mailing Address		_		11/20/1985 4. FEI Number			A tie of F-	
21	Idoe of Bosilioss	26	Ivialii ig Address				1 **			Applied For Not Applica	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				59-2617965			Additiona	
22	1 7	27	cano, spi. in oto.				Certificate of Status Desired		4 - · · · -	Reguired	AI.
City & State	е		City & State		_		8. Election Campaign Financing			O May Be	
23		28	,				Trust Fund Contribution			d to Fees	
Zip	Country		Zip	Cou	ntry		a. This corporation owes or has p				
24	25	29		30	-		Personal Property Tax due Jun	~		□ No	
	9. Name and Address of Currer		ered Agent	1-21-			10. Name and Address of New R		Agent		
SC	AGLIONE, LUCILLE P				81	Name					
	11 W. LAUREL STREET			•	82	Stroot Add	dress (P.O. Box Number is Not Accepta	(blo)			
	MPA FL 33607			ł	94	Street Auk	diess (P.O. Box Number is Not Accept	(BIB)			
174	MI A (C 0000)			ţ	83						
				ļ							
					84	City		FI	85 Zip	p Code	
11. Pursuant	to the provisions of Sections 607,050)2 and 603	7.1508 Florida Sta	tutes, the ab	OVE	a-named co	poration submits this statement for the	Durnose of	changing	its registe	red
office or re	egistered agent, or both, in the State	of Florida	a. Such change wa	as authorized	Ιbγ	the corpora	ation's board of directors. I hereby according	pt the app	ointment a	us registere	ad
•	m familiar with, and accept the obliga-	ations of,	Section 607.0 505 ,	Florida Stati	1662	5.					
SIGNATURE	Signature, typod or printed name of registered agr	on and tile it	anolicable (0	ICITE: Popletored	Ann	ert eignet Vo enge	uired when rainstating)	DATE			
12.	OFFICERS AN			13.	Ale	ili signatore radi	ADDITIONS/CHANGES TO OFF		DIRECTO	YRS IN 12	
TITLE	VD	D DINEOI	☐ DELETE	1,1 TIT	l F		ADDITIONS/OFFANGES TO OFF	OLINO AIRE	Change		ition
NAME	PLESS, JAMES A.			1.2 NA						(
STREET ADDRESS	5211 WEST LAUREL ST					ADDRESS					
	TAMPA FL					- 1					
CITY-ST-ZIP TITLE	SD SD		DELETE	1.4 CIT 2.1 TIT		1-21			Change	Addi	lition
NAME	SCAGLIONE, LUCILLE P		_ Diccir	2.2 NA					Ondingo		ILION
	5211 WEST LAUREL STREET					1000000					
STREET ADDRESS					-	ADDRESS					
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NAME				5.2 NAI							
STREET ADDRESS				5.3 STF	REET	ADDRESS					
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TITLE			DEL e te	6.1 TIT		-			☐ Change	L Addi	ition
NAME				6.2 NAJ	ИE	ļ					
STREET ADDRESS				6.3 STF	EET.	ADDRESS					
CITY-ST-ZIP				6.4 CIT	_						
14. I hereby c indicated officer or c Block 12 c	on this annual report or supplementa director of the corporation or the rece	rith this filir al annual r eiver or tru	ng does not qualify eport is true and a ustee empowered:	y for the exer securate and to execute the	npt the	ion stated in it my signati report as rec	n Section 119.07(3)(i), Florida Statutes. ure shall have the same legal effect as	I further cer if made und	tify that th	e informati hat I am ar	ion n