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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J06958

(9)

SYSIEN	AS COMPUTER CORPORAT	ION				
Principal Plac	ce of Business	Mailing Address				ill offic billic arbit fioli fioli Libit Labi
3160 MCMULLEN BOOTH ROAD CLEARWATER FL 34821 US 3160 MCMULLEN BOO CLEARWATER FL 3482 US						
					 Date Incorporated or Qualified 04/01/1986 	3a. Date of Last Report 05/17/1996
	Place of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			59-2692453	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		_ 27		 	C. Commond of Glayds Besiled	Fee Required
City & Stat	l 0	City & State			6. Election Campaign Financing	\$5.00 Мау Вө
Zip	Country	26 Zip	Country		Trust Fund Contribution	Added to Fees
24	<u>├</u> ──┐ ′	<u>⊢</u> ¬ '	Country		8. This corporation has liability fo	
[24]	25 25 Name and Address of Currer	29 29 Agent	30		Florida Statutes 10. Name and Address of New R	Yes No
1400	······	K tragiololou rigolik	81 Na	ame	IV. Hamo bila Address of flow it	ogistered Agent
MCCULLOUGH, JAMES B. 3160 MCMULLEN BOOTH ROAD						
CLEARWATER FL 34621			82 Str	reet Addres	ss (P.O. Box Number is Not Accepta	able)
	AINTAICH E OTOET		83			
			84 Cit	iy		FL 85 Zip Code
11, Pursuant office or r agent. I a SIGNATURE	to the provisions of Sociions 607.050 registered agent, or both, in the State on familiar with, and accept the obligations of t	e ullaby	<u></u>			purpose of changing its registered ept the appointment as registered
40	Stgnature, typed or printed name of registered ago		E: Registered Agent sign	nature required		DATE
12.	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	MCCULLOUGH, JAMES B.	□ butilt	1.1 TITLE			El change El Addition
STREET ADDRESS	3160 MCMULLEN BOOTH ROA	ın	1.2 NAME			
CITY-ST-ZIP	CLEARWATER FL	ND .	1.3 STREET ADOR			
TITLE	OGENITATE!! TE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME			22 NAME			C Onlarige C Audulton
STREET ADDRESS		•	2 3 STREET ADDR	500		
CITY-ST-ZIP			2 4 City-St-ZIP			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDR	ESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TiTL€			Change Addition
· NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRE	ESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP	l		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRE	ESS		
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME	-		
STREET ADDRESS			6.3 STREET ADDRE	ES\$		

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 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.

6.4 CITY-ST-ZIP

FILED

Jun 24 1997 8:00am

Secretary of State