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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # J19163

(1)

1 Cornoration Name

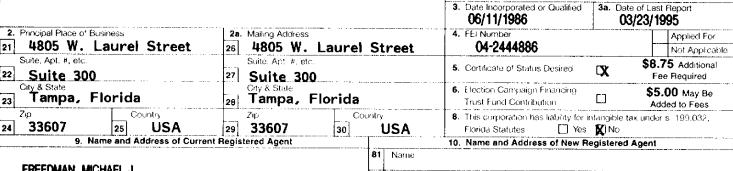
CLM/SYSTEMS, INC.

Martino Addo

5601 MARINER DRIVE TAMPA FL 33609

Principal Place of Business

5601 MARINER DRIVE TAMPA FL 33609



FREEDMAN, MICHAEL J. 300 E. MADISON STREET, 2ND FLOOR TAMPA FL 33602

	10. Name and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City	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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	DPT	☐ DECETE	T 1 TITLE	Change Additu
AME	MILLER, CHARLES L.		1.2 NAME	
TREET ADDRESS	4315 BEACHWAY DRIVE		1.3 STREET ADDRESS	
HTY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP	
ITLE	DVS	DELETE	2 1 TITLE	☐ Change ☐ Add til
AME	MILLER, ROBERTA P.		2.2 NAME	
reet address	4315 BEACHWAY DRIVE		2.3 STREET ADDRESS	
ITY-ST-ZIP	TAMPA FL		24 City-St. ZiP	
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AME			3.2 NAME	
TREET ADORESS			3.3 STHEFT ADDRESS	
1TY - S1 - 71P			3.4 CIDY - S1 - ZIP	
TLE		Decete	4 1 H*LF	Change Addit
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
ITY - ST - ZiP			4.4.C(TY - ST - 7)P	
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IME .			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
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ILE		DELETE	6 1 TILLE	☐ Cnange ☐ Addition
ME			6.2 NAMÍ	— · - .
FREET ADDRESS			6 3 STREET ADDRESS	
ITY-ST-ZIP			6.4 CITY - ST - 2IP	

14. I do hereby certify that the information emplied 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 runnual 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 defector of true exposation or before or trustee enurowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the 35 or on at all principles with an additional principles.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF JOING OFFICER OR DIRECTOR

May 30, 1996

813-286-8755

CR2E034 (12/95)