

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J93181** (2)
1. Corporation Name
SYSTEMS SECRET, INC.

Principal Place of Business
**C/O ROBERT D. MCINTYRE
8887 MAIDSTONE COURT
LARGO FL 34647
US**

Mailing Address
**12345-A STARKEY RD
LARGO FL 34653
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3097162	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCINTYRE, ROBERT D. BARDMOOR COUNTRY CLUB 8887 MAIDSTONE COURT LARGO FL 33777				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. 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, ROBERT D.		12 NAME		
STREET ADDRESS	8887 MAIDSTONE COURT		13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		14 CITY-ST-ZIP	33777	
TITLE	DVP	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, PHYLLIS		22 NAME		
STREET ADDRESS	907 LEONA DR.		23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP	33770	
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIZZELL, JOANNE		32 NAME		
STREET ADDRESS	8887 MAIDSTONE COURT		33 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		34 CITY-ST-ZIP	33777	
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I 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.

SIGNATURE:  (813) 535-6007
Robert D. McIntyre 1-29-98

CR2E034 (10/97)