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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

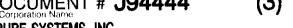
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J94444**

(3)

FILED Feb 05 1997 8:00am Secretary of State



PURE SYSTEMS, INC.									
Principal Prace of Business Mailing Address 5008 N. GRADY AVE. TAMPA FL 33614 5545									
						3. Date Incorporated or Qualified 09/24/1987	3a. Date of 02/16/19		port
2. Principal Place of Business 2a. Mailing Address			······	-		4. FEI Number Applied For			
21 26						59-2857997 Not Applica			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			
22 27 City & State City & State			-			6. Election Campaign Financing			
23	28					Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip				intry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	·		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Reg	istered Agen	t	
	eman, Jeanne L. S. Plant ave. Ste. 202								
	5. PLANI AVE. 51E. 202 PA FL 33606			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
17/mi	LW LI' 02000			83					
							· · · · · · · · · · · · · · · · · · ·	T	
				84	City		FL 85	'	
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Stati te of Florida Such change was igations of, Section 607.0505, I	utes, the a s authorize Florida Sta	bove d by tutes	-named corp the corporati	oration submits this statement for the proof on submits the statement for the proof of directors. I hereby accept	rpose of char the appointm	nging its ient as i	registered registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (N	OTE: Registere	d Agei	ni signature require	ad when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE		1.1 TO	1.1 TITLE				hange	Addition
NAME	Lowe, Robert 5008 N. Grady Ave.		- 1	1.2 NAME					
STREET ADDRESS	TAMPA FL				ADDRESS				
CITY-S1-7)P TITUE	0	□ DELETE 21		ITY-SI	1 - ZIP		П	hange	Addition
NAME	LOWE, KAREN		22 NAME				_		
STREET ADDRESS	5008 N. GRADY AVE.		23 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	TAMPA FL			CITY-S					
TITLE	☐ DELETE		3.1 7	3.1 TITLE				hange	Addition
NAME			32 N	AME					
STREET ADDRESS					ADORESS				
CITY - S1 - ZIP				ITY-S	IT-ZIP			Change	Addition
TOLE		☐ OELEIE	4.1 7	IILE IAME			·	nanye	L NOULION
NAME STREET ADDRESS					ADDRESS				
CITY-S1-ZIP				ITY-S					
TILE		DELETE	5.1 T					hange	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			ITY - S	T-ZIP					
TITLE	☐ DELETE			6.1 TITLE			□ (Change	Addition
NAME			6.2 ₦						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by certify that the information supp	hed with this filing does not ou	alify for the	ITY-S	motion stated	in Section 119.07(3)(i), Florida Statutes	. I further cert	ify that	the
Informatio	on indicated on this annual report of fficer or director of the comporation in Block 12 or Block 13 if changad.	r supplemental annual report is or the receiver or trustee emor	s true and owered id:	accu	rate and that ute this repor	my signature shall have the same lega t as required by Chapter 607, Florida S	effect as if mitatutes; and th	ade und at my n	der oath; that ame