

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 MAY 11 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82213** (5)
1. Corporation Name:
SOUTHFORK SYSTEMS, INC.

Principal Place of Business: **POB 1635 PALM CITY FL 34990 US**
Mailing Address: **PO BOX 1635 PALM CITY FL 34990 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1989** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0115400** Applied for: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under Florida Statutes: Yes No

21. Principal Place of Business: Suite Apt # etc. City & State.
22. Mailing Address: Suite Apt # etc. City & State.
23. City & State.
24. City & State.

9. Name and Address of Current Registered Agent: **COHEN, MARC B 217 E OCEAN BLVD STUART FL 34994**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0400 and 607.1509, 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 provisions of Section 607.0400, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7290 S KANNER HWY STUART FL	1.2 NAME	
CITY & STATE	STUART FL	1.3 STREET ADDRESS	
		1.4 CITY & STATE	ZIP - 34997
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHER, BERNARD S.	2.2 NAME	
STREET ADDRESS	7290 S. KANNER HWY. STUART FL	2.3 STREET ADDRESS	
CITY & STATE	STUART FL	2.4 CITY & STATE	ZIP - 34997
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, TINA-MARIE	3.2 NAME	
STREET ADDRESS	7290 S KANNER HWY STUART FL	3.3 STREET ADDRESS	
CITY & STATE	STUART FL	3.4 CITY & STATE	ZIP - 34997
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information related to 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 appointed to administer this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report as an appointment with an address.

SIGNATURE: *Tina Gallagher* Tina Gallagher 5/8/95 407288-2660
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR