## 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

150160

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<ul> <li>Corporation Na</li> </ul>	ENT # L5216	YSTEMS, INC.						
Principal Place of Business 16202 OAKMANOR DR. TAMPA FL 33624		Mahing Address	Maling Address					
		16202 OAKMANOR DRIVE TAMPA FL 33624 US						
					3. Date Incorporated or Qualified 3		3a. Date of Last Report	
					02/22/1990	0	6/20/199	
		2a. Mailing Address			4. FEI Number			Applied For
, Principal Place	e of Business	k 1			59-3000359			Not Applicable
Suite, Apt. #, (	etc.	Suite, Apt. #, etc.		······································	5. Certificate of Status Desired	X		Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be ed to Fees
Zip Country Zip			Country		This corporation has liability for	intangible i	tax under s	199.032.
7	9. Name and Address of Curr	29	30		10. Name and Address of New F		Agent	
	5.			81 Name	MARK K. GRUBET	د		
CORPORA	NTON INFORMATION SHRVI	TEX INI.						
1201 HAY	ation information servi les street ssee FL 32301	000, 1140.		83	ress IP.O. Box Number is Not Acceptal //SLUL CALMANON		85	Z <sub>IP</sub> Code
1201 HAY TALLAHAS	yes street Ssee FL 32301			83 84 City	TAMPA	F	<u> </u>	33624
1201 HAY TALLAHAS 11. Pursuant to or registere familiar with	of the provisions of Sections 607.0 and arcept the obligations of fig.	502 and 607.1508, Florida Stationida Such change was authosotion 607.0505, Florida Stationary agreements	utes	83 84 City	TAMPA cration submits this statement for the purad of directors. Thereby accept the appropriate or the pure statement for the pure statement for the pure statement for the appropriate or the appropriate of the appropriate	Furpose of Copointment	changing its as registere	registered officed agent. I am
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STREET ADDRESS 6 4 CITY - S1 - ZIP 14. Ido hereby certify that the information supplied 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 CITY - ST - ZIP

4.2 NAME

5 1 TITUE

5.2 NAME

6 1 TITLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

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NAME

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CITY - ST - ZIP

CITY - ST - ZIP

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

7/26/96 264-0830

Change

Change

■ Addition

Addition