FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L58623 (4)

1. Corporation Name

CEMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
568 W SILVER STAR EXTENSION OCOEE FL 34761-2062 US	568 W SILVER STAR EXTENSION OCOEE FL 34761-2062 US

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2995732 ☐ 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 s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACKHAM, MARY ANN
568 W SILVER STAR EXTENSION
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	DPT ☒ Change ☐ Addition
NAME	BLACKHAM, MARY ANN	1.2 NAME	Blackham, Mary Ann
STREET ADDRESS	510 WITHERS CT.	1.3 STREET ADDRESS	12538 Lakeshore Drive
CITY-ST-ZIP	OCOEE FL	1.4 CITY-ST-ZIP	Clermont, Florida 34711
TITLE	VS ☐ DELETE	2.1 TITLE	VS ☒ Change ☐ Addition
NAME	BLACKHAM, WILLIAM J	2.2 NAME	Blackham, William J.
STREET ADDRESS	510 WITHERS CT	2.3 STREET ADDRESS	12538 Lakeshore Drive
CITY-ST-ZIP	OCOEE FL	2.4 CITY-ST-ZIP	Clermont, Florida 34711
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLACKHAM, WILLIAM H	3.2 NAME	
STREET ADDRESS	10226 JOANIES RUN	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do 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 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: Mary Ann Blackham — 1/30/96 — (407) 877-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #