

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L66177 (1)**  
1. Corporation Name  
**FLORIDA SUB SYSTEMS, INC.**



Principal Place of Business: C/O JAMES H. BENEDICT, 1200 NORTH WOODLAND BLVD., DELAND FL 32720-2252  
Mailing Address: C/O JAMES H. BENEDICT, ~~444 SEABREEZE BLVD. STE 700 DAYTONA, FL 32118~~ US

3. Date Incorporated or Qualified: **04/16/1990**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-3005039**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26 **FLORIDA SUB SYSTEMS, INC.**  
22. Suite, Apt. #, etc.: 27 **CORPORATE OFFICES,**  
23. City & State: 28 **640 N. PENINSULA DRIVE,**  
24. Zip: 29 **DAYTONA BEACH, FL 32118**  
25. Country: 30 **VOLUSIA**

9. Name and Address of Current Registered Agent: **BENEDICT, JAMES H.**  
**200 PELICAN AVENUE**  
**DAYTONA BEACH FL 32118**  
10. Name and Address of New Registered Agent: **28 Bay Pointe Drive, Ormond Beach, FL 32174-9233**  
**640 N. Peninsula Drive, DAYTONA BEACH, FL 32118-3829**

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: *James H. Benedict* (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VP</del>	1.1 TITLE	<b>DP</b>
NAME	<b>FISCHER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1377 RURAL HALL ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DTS</b>	2.1 TITLE	<b>DP</b>
NAME	<b>BENEDICT, MARGUERITE E.</b>	2.2 NAME	<b>MARGUERITE E. BENEDICT</b>
STREET ADDRESS	<b>200 PELICAN AVENUE</b>	2.3 STREET ADDRESS	<b>28 Bay Pointe Drive</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174-9233</b>
TITLE	<b>DP</b>	3.1 TITLE	<b>DST</b>
NAME	<b>BENEDICT, JAMES H.</b>	3.2 NAME	
STREET ADDRESS	<b>200 PELICAN AVENUE</b>	3.3 STREET ADDRESS	<b>28 Bay Pointe Drive</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174-9233</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 19.07(3)(c), 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 addres.

SIGNATURE: *Marguerite E. Benedict* **2-28-96** **904-255-1222**

CR2E034 (12/95)