## 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 DOCUMENT #

101042

1. Corporation	F SYSTEM FLORIDA, INC.	ν-,				
Principal Place of Business		Mailing Address				
HIGHWAY 90 WEST WESTVILLE FL 32464		5323 W HWY 98 SUITE 113 PANAMA CITY FL 32401-1003			·	
				3. Date Incorporated or Qualified 07/24/1990	d 3a. Date of Last Report 02/02/1995	
2. Principal Place of Business 2a. Ma		2a. Mailing Address 26 P.O. Box 14		4, FEI Number 59-3020146	Applied For	
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.	<u></u>	39 3020 140	Not Applicable	
22		27 Hwy 90 W	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28 /URS-VI//e	FC	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	29 32464 3	Country U.S.A.		or intangible tax under s. 199.032, es.  \[ \] No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New		
OF VAL	0100 MATHERN		81 Name			
REYNOLDS, KATHLEEN 305 MAIN STREET DESTIN FL 32541			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			<b>94</b> (2)			
			84 City		FL 85 Zip Code	
SIGNATURE _	Signature, typicd or printed name of registered agin	raediteerappidable (Note : ND DIRECTORS	Registere ( Agent signature 13.	corporation submits this statement for the p s board of directors. Thereby accept the ap round who missing? ADDITIONS/CHANGES TO O	DAIL FICERS AND DIRECTORS IN 12	
NAME :	Wolf, Johann G +	□ D€LETE	1. 1 Tift (		Change Addition	
STREET ADDRESS	SYSTEMBAU KG		1.2 NAME 1.3 STREET ADDRESS			
City - S1 - ZIP	OSTERHOFEN GE		1.4 CiTY - S1 - ZiP			
Tif:f	D	<b>▼</b> DELETE	2 1 HILE		Change Addition	
NAME NAME	KREIS, PETER	IUI 10/ CTENEGO ONOGO	2.2 NAME			
STREET ADDRESS CITY ST. Z-P	APPENZELL, SWITZERLAN	UHL 18/ STEINEGG CH9050	2.3 STREET ADDRESS			
TITLE	P	DELFTF	2.4 CITY - ST - ZIP 3.1 TITLE	P	Change Add tion	
NAME:	HENSEL, WILLIAM		3 2 NAME	HENSEL, WILLIAM 5311 JUMMERIUM ROA FORT MYERS, FL		
STREET ADDRESS	9818-B BEACH BLVD	****	3.3 STREET ADDRESS	5311 SUMMERIUM NOA	וו, פע, כפ,	
CITY-ST-ZIF TITLE	PANAMA CITY BEACH FL S/T	32408-4206	3.4 CHY - ST - ZIP	FORT MYERS, FL	33 919-7667	
NAME.	CONNER, MARSHA L	☐ there it	4 1 TITLE 4 2 NAME	Propose Markal	Change Addition	
STREET ADDRESS	P.O. BOX 151 HWY 90 W	N/A	4.2 NAME 4.3 STREET ADDRESS	PO Pick 151 Huy 90	$\omega$	
CITY-SY-ZIP	WESTVILLE AL 32464	,	4.4 C-TY - ST - ZIP	S/T Bevens, Marsha L PO Box 151, Hwy 90 Westville, FC 32464	,	
THLE		☐ DELEJE	5 1 THLE	707	Change Addition	
NAME			5.2 NAM't			
STREET ADDRESS			5.3 \$1R: ET ADDRESS			
TITLE		DELETE	5.4 CITY - ST - 2IP			
NAME		[] better	6 1 TITLE 62 NAME		Change Addition	
STREET ADORESS		j	6.3 STREE! ADDRESS			
			•	1		

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 of 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 charged, or in an adulthment with an address. William Willeased IT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)