

**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 # P04660 (7)**

1. Corporation Name  
**BOWNE MANAGEMENT SYSTEMS INC.**



Principal Place of Business <b>360 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US</b>	Mailing Address <b>360 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US</b>
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3. Date Incorporated or Qualified <b>01/15/1985</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>11-2630268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**BACHELLER, CHESTER E.  
360 CENTRAL AVENUE  
SUITE 1500  
ST. PETERSBURG FL 33701**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FAGAN, GEORGE</b>	
STREET ADDRESS	<b>26 OAKLEY PLACE</b>	
CITY - ST - ZIP	<b>WEST ISLIP NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>STANTON, ROBERT A.</b>	
STREET ADDRESS	<b>10 KNOLLWOOD AVENUE</b>	
CITY - ST - ZIP	<b>BAYVILLE NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KELSEY, CHESTER C.</b>	
STREET ADDRESS	<b>2379 ELK COURT</b>	
CITY - ST - ZIP	<b>NORTH BELLMORE NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTETOMASO, FRANK J.</b>	
STREET ADDRESS	<b>63 LEONARD DR</b>	
CITY - ST - ZIP	<b>MASSAPEQUA NY</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKMAN, ZABDIEL A.</b>	
STREET ADDRESS	<b>9 HILLCREST RD.</b>	
CITY - ST - ZIP	<b>PT. WASHINGTON NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: \_\_\_\_\_ DATE: **4/18/96** DAYTIME PHONE # \_\_\_\_\_

CR2E034 (12/95)