

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04660 (7)
 1. Corporation Name
BOWNE MANAGEMENT SYSTEMS INC.



Principal Place of Business 360 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US	Mailing Address 360 CENTRAL AVENUE, STE. 1500 P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US
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2. Principal Place of Business 21 400 N. ASHLEY DRIVE Suite, Apt. #, etc. 22 P.O. Box 1288 City & State 23 TAMPA, FL Zip 24 33601-1288	2a. Mailing Address 26 400 N. ASHLEY DRIVE Suite, Apt. #, etc. 27 P.O. Box 1288 City & State 28 TAMPA, FL Zip 29 33601-1288	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 01/15/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 11-2630268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	400 N. ASHLEY DRIVE
83	Suite 2300
84 City	TAMPA
85 Zip Code	FL 33602

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FAGAN, GEORGE	
STREET ADDRESS	26 OAKLEY PLACE	
CITY-ST-ZIP	WEST ISLIP NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STANTON, ROBERT A.	
STREET ADDRESS	10 KNOLLWOOD AVENUE	
CITY-ST-ZIP	BAYVILLE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELSEY, CHESTER C.	
STREET ADDRESS	2379 ELK COURT	
CITY-ST-ZIP	NORTH BELLMORE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTETOMASO, FRANK J.	
STREET ADDRESS	63 LEONARD DR	
CITY-ST-ZIP	MASSAPEQUA NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLACKMAN, ZABDIEL A.	
STREET ADDRESS	9 HILLCREST RD.	
CITY-ST-ZIP	PT. WASHINGTON NY	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

CR2E034 (9/96)