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

PROFIT CORPORATION ' ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11 1998 8:00am Secretary of State

1. Corporation			PO5477 NTAL RESE	(5) RCH GRO	OUP, INC.										
Principal Place of Business Mailing Address % DBA SYSTEMS, INC. Same 1200 South Woody Burke Rd. Melbourne, Fl 32901										DO NOT WRI 3. Date Incorporated or Qualified 3/28/:1985		SPACE			
2. Principal f	Place of Busi	ness		2a. Mailing Address						4. FEI Number			App	lied For	
21			26						86-0392999				Applicat	ole	
Suite, Apt	#. etc.		Suite, Apt. #, ctc.						5. Certificate of Status Desired		\$8.7	5 Ad	ditional		
22				27							-		Requ		_
City & Star	te			City & State						6. Election Campaign Financing				lay Be	
23 Zip		Cor	inlov	28			ountry			Trust Fund Contribution			ed to		
24	Country 25			29	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No						
<u></u>	9. Name		dress of Current	Registered Agent						10. Name and Address of New Registered Agent					
<u> </u>						1	31	Name							\neg
	les B.					Stroot (Address	s (P.O. Box Number is Not Accepta	hla)						
			y Burke R	a.	[82 Street Add			s (1.0. box nomber is not Accepte	iDie)				-	
METDO	ourne,	FI 3													
			ī	34	City			FL	85 Z	ip Co	ode	\dashv			
11. Pursuant	to the provis	ions of S	ections 607 0502	and 607,150	08. Florida Statuti	es, the abo	ove-	-named c	corpora	ition submits this statement for the		changing	a its r	registere	-
office or i	registered ac	gent or b	oth, in the State c accept the obligat	if Florida, Su	ch change was a	uthorized	by:	the corp	ooration'	s board of directors. I hereby acce	pt the appo	intment i	as reg	gistered	
SIGNATURE	D		tame of a general agent	75119 511	260										_
12.	Lui faurifeo i	OFFICERS AND				Hugistered Agent signature requi			ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	280	IN 12	\dashv	
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NAME	Charles B. Robertson 1200 Woody Burke Rd.						IE.	- 1							-
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NAME					- BECEIL	4 2 NAN						L Criangi	5 L	Aggino	<i>"</i> '
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NAME						6.2 NAM	[4000024 -02/13/9801	e'abi		۸,	Q, .	
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CITY - \$1 - ZIP						64 CITY	SI-	-71P		***150.00				- '1	

14. Thereby certify that the information supplier with this Hing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this animal report or supplier ental 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 of susteen importance 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 of an attaining funding address.

SIGNATURE

Scharles B. Robertson

2-2-98

Daytime Phone #

1-407-727-0660