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 # 1. Corporation Name

P26417

(6)

CMS	TAMPA	INC

Principal Place of Business Mailing Address 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634 2. Principal Place of Business 2a. Mailing Address 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634 3. Date Incorporated or Qualified 10/11/1989 4. FEI Number 54-1478472	3a, Date of Last Report 05/01/1995
SUITE 310 TAMPA FL 33634 SUITE 310 TAMPA FL 33634 3. Date Incorporated or Qualified 10/11/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
04 KA-1470479	Applied For
21 26 54-14/84/2	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
City & State City & City & State City & City & State City &	Fee Required
	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for int	······································
24 25 29 30 Florida Statutes X Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Re	gistered Agent
81 Name	
KENNAMER, GERALD W 82 Street Address (P.O. Box Number is Not Acceptable	
4904 EISENHOWER BLVD	
SUITE 310 83	
TAMPA FL 33834 B4 City	85 Zip Code
	FL B ZIP COGE
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonda Statutes, the above-named corporation submits this statement for the purpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appoint	ose of changing its registered office intrinent as registered agent. I am
familiar with, and accept the obligations of, Section 607.0595, Florida Statutes.	, ,
SIGNATURE Signature, typed or printed name of registered agent and title if application. South Registered Agent signature required when constituting	
12. OFFICERS AND DIRECTORS I 13. ADDITIONS/CHANGES TO OFFIC	
TIFLE CPD DELETE 1.1717LF	Change Addition
NAME RAGANO, FRANK P 12 NAME	
STREET ADDRESS % 4904 EISENHOWER BLVD., SUITE 310	
CITY-ST-ZIP TAMPA FL 33634 . 14 CITY-ST-ZIP	
TILE V DELETE 2 1 TIL F	Change Addition
NAME BURKE, JAMES A 22 NAME	
STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634 24 CITY-ST-ZIP	
THE OFFICE DELETE 3 1 TH. E	Change Addition
NAME KENNAMER, GERALD W	
STREET ADDRESS W 4904 EISENHOWER BLVD., SUITE 310 3.3 SHEET ADDRESS TAMPA FL 33634 3.4 CHV-ST-7P	
0.1011 01 20	Change D Addition
FORM MARKED D	☐ Change ☐ Addition
AL AGOA FIOTHIOMED BLUD. OUTE AAA	
T11(D1 F) 00004	
CITY-ST-ZIP	Change Addition
NAME FOOTE, GEORGE 52 NAME	[] 2g./go //gi
STREET ADDRESS % SIXTH FLOOR, 8280 GREENBORO DRIVE 53 STHEET ADDRESS	
CITY-ST-ZIP MCLEAN VA 22102 54 CITY-ST-ZIP	
THE D DICECTOR	Change X Addition
NAME KATHREIN, LUDWIG 62 NAME SOFF, EUGENE	_ ,
STREET ADDRESS DEUTSCHE AEROSPACE AG, POSTFACH 80 11 49 EBSTREET ADDRESS CIO SCI INC. P.O. BOX 1000	

14. To 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 supplied rental 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 3 if changed or on an artificiance with an address.

SIGNATURE: 🔊

4/22/96 8/3-882-4477