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 #

(6)

IN/US SYSTEMS, INC.						1 1981/1981 IUD 1/37/4 10/38 10/38 10/88 10/8			
Principal Place of Business Mailing Address BUILDING 7, UNIT 43 BUILDING 7, UNIT 43									
1275 BLOOMFIELD AVE. 1275 BLOOMFIELD AVE.									
FAIRFIELD NJ		FAIRFIELD NJ 0700	4			3. Date Incorporated or Qualified	3a. D	ate of Last Re	port
						05/16/1990		01/26/199)5
2. Principal Pla	no of Business	2a. Mailing Address				4. FEI Number			oplied For
	De Or Business	F	26			22-3033566			Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
2		27	27					Fee F	Required
City & State		City & State	City & State			6. Election Campaign Financing) May Be
3		28	28			Trust Fund Contribution			to Fees
Ζιρ	Gountry	Zιρ	Count	try		8. This corporation has liability fo			199.032,
4	25	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Registered Agent		31	B1	10. Name and Address of New	Hegister	ed Agent	
					Name				
HNIZDIL	, JOHN E.		8	32	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
5809 N.	50TH STREET		<u> </u>						
TAMPA FL 33610-4809				83					
			8	34	City		F	85 Zr	o Code
						ration submits this statement for the p			anistered offic
	Signarure, typed or perced name of registers t	agest a in the Papple of the S	NOTE Registred A	igen)*	Signature in com	of wher revisitating: ADDITIONS/CHANGES TO OF	DAT FICERS A		RS IN 12
12.	PD DEL			1 1 T-TLE				Change	Add-tion
NAME	RAPKIN, EDWARD		1.2 NAM	2 NAME					
STREET ADDRESS	1275 BLOOMFIELD AVE	#43	13 STR	(£ F.1.)	ADDRESS				
	FAIRFIELD NJ	* 10	1.4 CITY	4 CITY - ST - ZIP					
CITY-ST-ZIP TITLE	V	DELETE	2 1 111					Change	Addition
NAME	HNIZDIL, JOHN E.	_	2.2 NAN	2 2 NAME 2 3 STREET ADDRESS					
STREET ADDRESS	5809 N. 50TH ST.		235IR						
CITY-ST-ZIP	TAMPA FL		24 CiTY	y - SI	r-7 ₁ P				
TITLE	TOWN TO I L	DELETE		LF			_	☐ Change	Addition
NAME			3.2 NAM	ME					
STREET ADDRESS			33 S*f	REET	ADDRESS				
CITY - ST - ZIP			3.4 CiT	Y - S	1 - ZIP				p
TITLE	DELETE		4 1 lil	4 1 TiTLE				☐ Change	Addition
NAME			4 2 NAM	ME					
STREET ADDRESS			4.3.STF	KEFT	ADDRESS				
CITY-ST-ZIP			4 4 CIT	Y - S	r-zip			F7) Channe	- Addition
TITLE	DELETE		5 1 TH	5 1 THE				Change	Addition
NAME			5.2 NA	МВ	İ				
STREET ADDRESS	ļ		53 STF	REET	ADDRESS				
CITY-S1-ZIP			5.4.017	_	1-719			Chases	Addition
TITLE		DELETE	6 1 111					Change	[] WOUNDIN
NAME			6 2 NA						
CTREET ANDRESS			6381	REEL	ADDRESS				

6.4 CiTY - ST - ZIP

SIGNATURE: _

STREET AUDRESS

14. If do hereby certify that the information supplied with this fling 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

4/10/96 201-575-7552