

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000010759 (7)**

1. Corporation Name  
**K/SYSTEMS INTERNATIONAL CORPORATION**



Principal Place of Business <b>10112 N 10TH ST TAMPA FL 33612</b>	Mailing Address <b>10112 N 10TH ST TAMPA FL 33612-5842</b>
--	---

3. Date Incorporated or Qualified <b>02/04/1993</b>	3a. Date of Last Report <b>08/09/1996</b>
--	--

2. Principal Place of Business <b>21 7307 N. HUNTLEY AVE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 7307 N. HUNTLEY AVE</b> Suite, Apt. #, etc.
22 City & State <b>23 TAMPA FLORIDA</b> Zip Country <b>24 33604 25 HILLSBOROUGH</b>	27 City & State <b>28 TAMPA FLORIDA</b> Zip Country <b>29 33604 30 HILLSBOROUGH</b>

4. FEI Number <b>59-3157077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GROSSMAN, RICHARD E**  
**6202 W. LINEBAUGH AVE.**  
**TAMPA FL 33625**

10. Name and Address of New Registered Agent  

81 Name <b>DOUGLAS M. DAVIS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7307 N. HUNTLEY AVE</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33604</b>

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 *[Signature]* **DOUGLAS M. DAVIS** **4-14-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTER, STEVEN J 10112 N. 10TH ST TAMPA FL 33612	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MARY P 7307 N. HUNTLEY AVE TAMPA FL 33604	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

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 *[Signature]* **DOUGLAS M. DAVIS** **4-14-97** **813 238 7705**

CR2E034 (9/96)