

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:06

DOCUMENT # **P93000020449 (3)**

1. Corporation Name
EXECUSYS, INC.

Principal Place of Business
**120 VENETIAN WAY
SUITE 19
MERRITT ISLAND FL 32953
US**

Mailing Address
**P.O. BOX 540487
MERRITT ISLAND FL 32954-0487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1993		3a. Date of Last Report 03/01/1994	
2. Principal Place of Business 6767 N. Wickham Rd.		4. FEI Number 59-3173232	
2a. Mailing Address 6767 N. Wickham Rd.		Applied For Not Applicable	
Suite, Apt., etc. Suite 208		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Melbourne FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 32940		Country USA	
27. Suite, Apt., etc. Suite 208		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27a. Mailing Address Melbourne FL			
City & State Melbourne FL			
Zip 32940		Country USA	

9. Name and Address of Current Registered Agent THOMAS, JAMES A 849 BROOKSTONE DRIVE MERRITT ISLAND FL 32952				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Director) _____ (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME THOMAS, JAMES A 849 BROOKSTONE DR MERRITT ISLAND FL 32952		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and taken not guilty for the corporation stated in Section 119.07(3)(b), 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. 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: **3/9/95** **253-0077**
SIGNATURE AND TITLE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR