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

DOCUMENT # P93000035227 (6)

XMS, INC.

FILED Mar 13 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | , | | |
|--|---|--|---------------------------------------|--|----------------------------------|--|
| 8950 MAGNOLIA CHASE CIR TAMPA FL 33647 8950 MAGNOLIA CHASE CIR TAMPA FL 33647 | | | MR | DO NOT WRITE | E IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 05/17/1993 | | |
| └ | rincipal Place of Business 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| | X MYRTLE RD. | 26 24 WAX MYRTLE RD. | | 59-3166612 | Not Applicable | |
| Suite, Apt | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 6. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Election Campaign Financing | \$5.00 May Be | |
| | | 28 AMELIA ISLA | ND, FL. 32034 | | Added to Fees | |
| Z _i p | Country | Zip Country | | 8. This corporation owes or has pa | | |
| 24 | 25 USA | 1201 1201 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| | g. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New He | gistered Agent | |
| BUNUSUVIC, STEPHEN J | | | | STEPHEN J. BORUS | OVIC | |
| 8950 MAGNOLIA CHASE CIR | | | 82 Street Addr | 1 | | |
| TAMPA FL 33647 | | | 83 | 24 WAX MYRTLE RD | • | |
| İ | | | | | | |
| | | / | 7 84 City | AMELIA ISLAND, | FL 85 Zip Code 32034 | |
| 11. Pursuant | to the provisions of Sactions 607.0502 | and 607.1508, Florida Status | s, the above-named corp | poration submits this statement for the | | |
| office or r | to the provisions of Sactions 607.0502 registered agent, or both, in the State c im familiar with, and accept the oblight | of Florida, Such change was a joins of Section 607,0505. | thorized by the corporated a Statutes | ion's board of directors. I hereby acce | pt the appointment as registered | |
| | STEPHEN J. BORUSOVIC | 447 | Men | Ta 2 11 14 14 14 | RCH 9, 1998 | |
| SIGNATURE | Signature, typed or ponted name of registered agent | not life if applicable NOTE | ogistered Agent signature requir | ed when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | D PODUCOVIO STEDUENI I | DELETE | 1.1 Title | BODIECUTO CMEDURN T | Change Addition | |
| NAME | BORUSOVIC, STEPHEN J 8950 MAGNOLIA CHASE CIR | | | BORUSOVIC, STEPHEN J 24 WAX MYRTLE RD. | • . | |
| STREET ADDRESS | TAMPA FL 33647 | | | 24 WAX MIRILE RD. AMELIA ISLAND, FL. 3: | 2034 | |
| CITY-ST-ZIP TITLE | TAMPA TE 33047 | ☐ DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | AMEDIA ISHAND, IL. 3. | Change Addition | |
| NAME | | | 2 2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CfTY-ST-ZIP | | | 2. 4 City-St-ZiP | | | |
| THLE | *************************************** | ☐ DELETE | 3 1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME . | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | Libert | 3.4. CITY-\$1-ZIP | | Change Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS | | | |
| CITY+ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-2IP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | | |

14. Thereby certify that the information supplied with this filling 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 desproachion or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an alternative with an address.