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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000072271 (8)**

1. Corporation Name
ACTIVE SYSTEMS, INC.

Principal Place of Business
1501 NW SOUTH RIVER DR
MIAMI FL 33125
US

Mailing Address
1501 NW SOUTH RIVER DR
MIAMI FL 33125-2701
US

3. Date Incorporated or Qualified: 10/18/1993	3a. Date of Last Report: 02/16/1996
4. FEI Number: 65-0447758	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business
21 1000 SPANISH RIVER Rd
22 # 4 C
23 BOCA RATON, FL
24 33432 25 US

2a. Mailing Address
26 1000 SPANISH RIVER Rd
27 # 4 C
28 BOCA RATON FL
29 33432 30 US

9. Name and Address of Current Registered Agent
HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD
CORAL GABLES FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

P
LABBEE, M.F.
~~1501 NW SOUTH RIVER DR~~
~~MIAMI FL~~
☐ DELETE

S
KINNARD, DEANNA LABBEE
~~1501 NW SOUTH RIVER DR~~
~~MIAMI FL~~
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1000 SPANISH RIVER Rd	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	8626 SW 202 ST	
2.4 CITY-ST-ZIP	ARCHER, FL 32618	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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: M. F. Labbee — M. F. LABBEE PRES. 3/8/97 954-359-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #