

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 MAY -1 PH 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084337

1. Corporation Name

SYSTEM PRODUCTS GROUP, INC.

200001486102
-05/12/95 -01066 -024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
707 N. Franklin St. 707 N. Franklin St
Ninth Floor Ninth Floor
Tampa, FL 33602 Tampa, FL 33602

3. Date incorporated or Qualified 3a. Date of Last Report
12/03/1993 11/09/1994

2. Principal Place of Business 2a. Mailing Address
21. 1111 N. Westshore Blvd. 26. 1111 N. Westshore Blvd.
Suite, Apt #, etc Suite, Apt #, etc
22. Suite 501 27. Suite 501
City & State City & State
23. Tampa, FL 28. Tampa, FL
Zip Country Zip Country
24. 33607 25. USA 29. 33607 30. USA

4. FEI Number Applied For
59-3213927 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

9. Name and Address of Current Registered Agent
JEREMY E. GLUCKMAN
707 N. Franklin Street
Ninth Floor
Tampa, FL 33602

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 607.0502 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 *Jeremy E. Gluckman* JEREMY E. GLUCKMAN 4/28/95
DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | President, Treasurer, Secretary & Director |
| NAME | Gratz Beehler, Gratz |
| STREET ADDRESS | 707 N. Franklin St., Ninth Floor |
| CITY, ST, ZIP | Tampa, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | 1111 N. Westshore Blvd., Suite 501 |
| 14. CITY, ST, ZIP | Tampa, FL 33607 |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY, ST, ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY, ST, ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY, ST, ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY, ST, ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11B 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gratz Beehler* Gratz Beehler, President 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE