

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000017211 (1)**

1. Corporation Name
SYSTEM INNOVATORS, INC.



Principal Place of Business
**8301 CYPRESS PLAZA DR
STE 105
JACKSONVILLE FL 32256
US**

Mailing Address
**8301 CYPRESS PLAZA DR
STE 105
JACKSONVILLE FL 32256
US**

3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last Report 04/18/1995
4. FEI Number 59-3227491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BALL, JOHN S
1 INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8310 CYPRESS PLAZA DR STE 105	1.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS	8301 CYPRESS PLAZA DR, STE 105
		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CONNELL, STEVEN G.	2.2 NAME	
CITY-ST-ZIP	8301 CYPRESS PLAZA DR, STE 105	2.3 STREET ADDRESS	32256
	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RACKLEY, THOMAS G.	3.2 NAME	
CITY-ST-ZIP	8301 CYPRESS PLAZA DR, STE 105	3.3 STREET ADDRESS	
	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	WILSON, RONALD A.	4.2 NAME	
CITY-ST-ZIP	8301 CYPRESS PLAZA DR, STE 105	4.3 STREET ADDRESS	32256
	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	KELLY, BONITA J.	5.2 NAME	
CITY-ST-ZIP	8301 CYPRESS PLAZA DR, STE 105	5.3 STREET ADDRESS	32256
	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	V TRIVISION, KENNETH R.
CITY-ST-ZIP		6.3 STREET ADDRESS	8301 CYPRESS PLAZA DR, STE 105
		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. D. Nelson* ROGER D. NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

904-281-9090
Daytime Phone #

CR2E034 (12/95)