

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

54968-5394 -C

DOCUMENT # P94000026455 (3)

1. Corporation Name

TRANSFORM SYSTEMS, INC.



Principal Place of Business

293 RINGWOOD DR.
WINTER SPRINGS FL 32708

Mailing Address

293 RINGWOOD DR.
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

21 1552 Almond Ct.

Suite, Apt. #, etc.

2a. Mailing Address

26 1552 Almond Ct.

Suite, Apt. #, etc.

23 City & State

Casselberry FL.

28 City & State

Casselberry Florida

24 Zip

32707

25 Country

U.S.A.

29 Zip

32707

30 Country

U.S.A.

4. FEI Number
59-3236122

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

9. Name and Address of Current Registered Agent

CICERO, CRAIG
293 RINGWOOD DR
WINTER SPRINGS FL 32708

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

Craig Cicero, President

Craig Cicero

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME
CICERO, CRAIG
STREET ADDRESS
293 RINGWOOD DR
CITY - ST - ZIP
WINTER SPRINGS FL

TITLE VP ☐ DELETE

NAME
CICERO, STEPHANIE,
STREET ADDRESS
293 RINGWOOD DR
CITY - ST - ZIP
WINTER SPRINGS FL

TITLE D ☐ DELETE

NAME
CICERO, LAWRENCE J
STREET ADDRESS
135 FRY POND RD
CITY - ST - ZIP
WEST GREENWICH RI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

1552 Almond Ct.
Casselberry, FL. 32707

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

1552 Almond Ct.
Casselberry, FL. 32707

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

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 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:

Craig Cicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

DATE

407-695-9766

DAYTIME PHONE

CR2E034 (12/95)