

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000056059 (6)**

1. Corporation Name

SYSNET CONSULTING SERVICES, INC.

Principal Place of Business
**4409 AMBERWOOD CIRCLE
PACE FL 32571**

Mailing Address
**4409 AMBERWOOD CIRCLE
PACE FL 32571**

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1994

59-3258463

**\$8.75 Additional
Fee Required**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Added to Fees**

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent

**HAM, WILLIAM H
4409 AMBERWOOD CIRCLE
PACE FL 32571**

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAM, MARTHA K	1.2 NAME		
STREET ADDRESS	4409 AMBERWOOD CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571	1.4 CITY-ST-ZIP		
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESSLEY, DENISE J	2.2 NAME		
STREET ADDRESS	1966 BISCAYNE BLVD NAVARRE, FL 32566	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32566	2.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REANEY, SANDRA H	3.2 NAME		
STREET ADDRESS	7704 N.W. 5TH ST., APT. 2G	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP		
TITLE	PRESIDENT + CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM HAM	4.2 NAME		
STREET ADDRESS	4409 AMBERWOOD CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571	4.4 CITY-ST-ZIP		
TITLE	VP + SECRETARY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN PRESSLEY	5.2 NAME		
STREET ADDRESS	1966 BISCAYNE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: *William Ham* (William Ham) 4/30/98 850-994-2285

CR2E034 (1097)