

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000066991 (8)

1. Corporation Name

PEOPLE SYSTEMS, INC.

Principal Place of Business

6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

Mailing Address

6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

4. FEI Number

59-3268105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 1 INDEPENDENT DRIVE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32202

Country

25

2a. Mailing Address

26 177 CROSSWAYS PARK DR.

Suite, Apt. #, etc.

27

City & State

28 WOODBURY, NY

Zip

29 11797

Country

30 MASSACHUSETTS

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 to be if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PCEO
STREET ADDRESS KESLER, DELORES P
CITY-ST-ZIP 6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME V
STREET ADDRESS WILSON, DAWN
CITY-ST-ZIP 6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME VD
STREET ADDRESS DEWAN, DEREK E
CITY-ST-ZIP 6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME ST
STREET ADDRESS ABNEY, MICHAEL D
CITY-ST-ZIP 6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

One Independent Drive
Jacksonville, FL 32202

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

One Independent Drive
Jacksonville, FL 32202

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

One Independent Drive
Jacksonville, FL 32202

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

One Independent Drive
Jacksonville, FL 32202

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VP
ROBERT CALABRO
177 CROSSWAYS PARK DR.
WOODBURY, NY 11797

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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.

CR2E034 (10/97)