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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 12 1998 8:00am Secretary of State

| 1. C                                  |                        | SYSTEMS, INC.                   | 00076730                               |                                       |                         |  |  |                        |                       |
|---------------------------------------|------------------------|---------------------------------|--|---------------------------------------|-------------------------|--|--|------------------------|-----------------------|
|                                       | ipat Place of Busine   | 55                              | ·                                      | Mailing Address                       |                         |  |  | 4 Alein 18 <b>44 (</b> | *** 4411 1881         |
| 6001 FEATHER LANE<br>SANFORD FL 32771 |                        |                                 |  | 6001 FEATHER LANE<br>SANFORD FL 32771 |                         |  |  |                        |                       |
| 949                                   | W ONU FL 32//1         |                                 | SANFURU FL                             | SANFOND FL 32//I                      |                         |  | DO NOT WRITE IN THIS SPACE                                       |                        |                       |
|                                       |                        |                                 |  |                                       |                         |  | 3. Date Incorporated or Qualified                                | · · · · ·              |                       |
| l                                     |                        |                                 |  |                                       |                         |  | 10/19/1994   |                        |                       |
|                                       | incipal Place of Bus   | <del></del>                     |  |                                       |                         |  | 4. FEI Number  | <del></del>            | oplied For            |
| 21                                    | ito Ant # ata          | 26 Cuito Ant                    | Suite, Apt. #, etc.                    |                                       |                         | 59-3273293   |  | ot Applicable          |                       |
| Suite, Apt. #, etc.                   |                        |                                 | · · · · · ·                            | 27                                    |                         |  | 5. Certificate of Status Desired                                 |                        | Additional<br>equired |
| City & State                          |                        |                                 |  | City & State                          |                         |  | 6. Election Campaign Financing                                   | <del></del>            |                       |
| 23                                    | •                      | 28                              | <b>├</b> ┐ '                           |                                       |                         | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution   |  |                        |                       |
| Zi                                    | p                      | Country Zip                     |  |                                       | Country                 |  | 8. This corporation owes or has paid the current year Intangible |                        |                       |
| 24                                    |                        | 25 29 30                        |  | ][                                    |                         | Personal Property Tax due June 30. Yes No  |  | ] No                   |                       |
|                                       |                        |                                 | rrent Registered Agent                 |                                       |                         |  | 10. Name and Address of New Registere                            | d Agent                |                       |
|                                       | JOHNSON, J             |                                 |  |                                       | 81                      | Name   |  |                        |                       |
|                                       | 6001 FEATH             |                                 |  |                                       |                         | Street Add   | ress (P.O. Box Number is Not Acceptable)                         |                        |                       |
| SANFORD FL 32771                      |                        |                                 |  |                                       | 83                      |  |  |                        |                       |
|                                       |                        |                                 |  |                                       | 63                      |  |  |                        | i                     |
|                                       |                        |                                 |  |                                       |                         | City   | F  | 85 Zip (               | Code                  |
| 11.                                   | Pursuant to the provi  | sions of Sections 607.          | 0502 and 607 1508. Flor                | ida Statutes.                         | the above               | e-named corr   | poration submits this statement for the purpose                  | of changing it         | ls registered         |
|                                       | office or registered a | gent, or both, in the S         | tate of Florida, Such cha              | nge was auth                          | horized by              | the corporat   | tion's board of directors. I hereby accept the ap                | opointment as          | registered            |
|                                       |                        | min, and neceptive of           | ongulions of Section Co.               | .0303, Florid                         | ia Statotos             |  |  |                        | j                     |
| SIGN                                  | ATURE Signature, type  | d or printed name of registere- | d agent and lifte if applicable        | (NOTE: Re                             | egistered Age           | nt signature requi   | red when reinstating) DATE                                       |                        |                       |
| 12.                                   |                        | OFFICERS                        | AND DIRECTORS                          |                                       | 13.                     |  | ADDITIONS/CHANGES TO OFFICERS AT                                 |                        |                       |
| TITLE                                 | D                      | A                               |  | ELETE                                 | 1.1 TITLE<br>1.2 NAME   |  |  | Change                 | Addition              |
| NAME                                  |                        | ON, JOHN R                      |  |                                       |                         |  |  |                        | 19                    |
|                                       |                        | EATHER LANE<br>IRD FL 32771     |  |                                       |                         | ADDRESS  |  |                        | ļ                     |
| TITLE D                               |                        | MU PL SELLI                     | — — —                                  | ELETE                                 | 1.4 CITY-S<br>2.1 TITLE | T-ZIP  |  | Change                 | Addition              |
| NAME                                  | 401910011 1191711      |                                 | ٠.                                     | <del></del>                           |                         | }  | •  | Orange                 |                       |
|                                       |                        | EATHER LANE                     |  |                                       | 2.2 NAME<br>2.3 STREET  | 2239004  |  |                        |                       |
|                                       |                        | RD FL 32771                     |  |                                       | 2 4 CITY-5              |  | •  |                        | 1                     |
| TITLE                                 |                        | ☐ DELETE                        |  | 3.1 TITLE                             |                         | The state of the s | ☐ Change   | ☐ Addition             |                       |
| NAME                                  | MAME                   |                                 |  | 3.2 N                                 |                         | }  |  |                        |                       |
| STREET                                | STREET ADDRESS         |                                 |  |                                       | 3.3 STREET              | ADDRESS  |  |                        | }                     |
| CITY-ST-ZIP                           |                        |                                 |  |                                       | 3.4. CITY - S           | T- 7(P   |  |                        |                       |
| TITLE                                 |                        |                                 |  | DELETE 4.1 TO                         |                         |  |  | Change                 | Addition              |
| NAME                                  |                        |                                 | 4.2 M                                  |                                       | 1                       |  |  | -                      |                       |
| STREET                                | ADDRESS                |                                 |  |                                       | 4.3 STREET              | ADDRESS  |  |                        |                       |
|                                       | HTY-ST-ZIP             |                                 | —————————————————————————————————————— | 4.4 CITY DELETE 5.1 TITLE             |                         | T-ZIP  |  |                        | - 1220cc              |
| TITLE                                 |                        |                                 |  | ELETE                                 | 5.1 TITLE               |  |  | ∐ Change               | ☐ Addition            |
| NAME                                  |                        |                                 |  |                                       | 5.2 NAME                |  |  |                        | 1                     |
|                                       | ADDRESS                |                                 |  |                                       | 5.3 STREET              |  |  |                        |                       |
| CITY-ST-ZIP                           |                        | [7 r                            | DELETÉ 61T                             |                                       | 1 - ZIP                 |  | Change   | Addition               |                       |
| NAME                                  |                        |                                 | ال                                     | LLEIL                                 | 6.1 TITLE<br>6.2 NAME   |  |  | Cularities             | - noninon             |
|                                       | ADDRESS                |                                 |  |                                       | 6.3 STREET              | ADDRESS  |  |                        | j                     |
| CITY-S                                |                        |                                 |  |                                       | 6.4 CITY - 5            | ŀ  |  |                        |                       |
|                                       |                        | a information supplie           | d with this filing does no             | Laurality for th                      |                         |  | Section 119 07/3/(i) Florida Statutes I further                  | certify that the       | information           |

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 affect 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 change), or on an attachment with applicatress.