

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 # P94000080724 (5)

1. Corporation Name

POLARIS SYSTEMS GROUP, INC.



Principal Place of Business

13931 GERANIUM PLACE  
SUITE 22-200  
WEST PALM BEACH FL 33414  
US

Mailing Address

11924 FOREST HILL BLVD.  
SUITE 22-200  
WEST PALM BEACH FL 33414

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0535216

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

KANE, EDWARD J.  
13931 GERANIUM PLACE  
SUITE 22-200  
WEST PALM BEACH FL 33414

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

Signature of the person who is changing the registered office or agent.

Signature of the Registered Agent (Signature required when terminating).

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PCD                  | <input type="checkbox"/> DELETE |
| NAME           | KANE, EDWARD J       |                                 |
| STREET ADDRESS | 13931 GERANIUM PLACE |                                 |
| CITY-STATE-ZIP | WEST PALM BEACH FL   |                                 |
| TITLE          | STD                  | <input type="checkbox"/> DELETE |
| NAME           | WEBB, JR. B W.       |                                 |
| STREET ADDRESS | 509 ROUNDABOUT DRIVE |                                 |
| CITY-STATE-ZIP | TRUSSVILLE AL        |                                 |
| TITLE          | VD                   | <input type="checkbox"/> DELETE |
| NAME           | CARLISLE, RICHARD A  |                                 |
| STREET ADDRESS | 2417 BUCKNELL DRIVE  |                                 |
| CITY-STATE-ZIP | VALRICO FL           |                                 |
| TITLE          | VD                   | <input type="checkbox"/> DELETE |
| NAME           | WHITE, STEPHEN I     |                                 |
| STREET ADDRESS | 100 EARLY PARKWAY    |                                 |
| CITY-STATE-ZIP | SMYRNA GA            |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-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 any statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. KANE

2/8/96

791-2561

CR2E034 (12/95)