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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

ENT # P94000084346 (3)

DOCUMENT #
1. Corporation Name

FINANCIAL SYSTEMS, INCORPORATED

2629 CAN	pe of Business IAL DR N. D FL 33801	Mailing Address P.O. BOX 536 LAKELAND FL 336	102	····					
						3. Date Incorporated or Qualified 11/18/1994	3a. Dat	04/27/	1995
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-3294939 App			Applied For	
Suite, Apt.		Suite, Apt. #, etc.	······································			5. Certificate of Status Desired			Not Applicable 5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	D	\$5.0	00 May Be
. Zip 24	Country 25	Ζφ 29	30 Cour	ntry			i ∏ No	ax under s	
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New I	Registered	Agent	· · · · · · · · · · · · · · · · · · ·
MCSW	VAIN, RUTH		ł	81 N	ame			· · · · · · · · · · · · · · · · · · ·	
2629 (CANAL DR N.		82		treet Addre	ess (P.O. Box Number is Not Acceptat	ole)		
DANEL	AND FL 33801			83				***************************************	
				84 C	ty		FI	85 Z	p Code
	ed agent, or both, in the State of Fit th, and accept the obligations of, Se Signature, typed or printed name of registered agreement.					ation submits this statement for the purificial distribution of directors. Thereby accept the app	rpose of cha ointment as	nging its i registered	registered office I agent. I am
10	***************************************	ont and toe it approable. (N	OTE: Flogistered A	Agant sign	ature required •	whora reinstating)	DATE		**-*
	OFFICERS A	AND DIRECTORS	OTE: Registered A	Agant sign	ature required	whon reinstaing) ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	P	ND DIRECTORS DELETE			ature required		ICERS AND	DIRECTO	DRS IN 12
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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 international statutes and that my name

SIGNATURE:

SIGNATURE AND TYPED OR EMINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 94/6653940 Date Dayline Proce #