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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400084790 (2)

JAGUAR COMPUTER SYSTEMS, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Place of Business				Mailing Address				. inmithag tid tåter antet antet Sterr datel antet ibite antet rabid ibrit tallt shat					
7764 NORMANDY BLVD SUITE 8 JACKBONVILLE FL 32221 US				7764 NORMANDY BLVD SUITE 8 JACKSONVILLE FL 32221-6692									
				US				3.	Date Incorporated or Qualified	d 3a. Date of Last Report 04/04/1996			
_								<b>_</b>	11/21/1994	U4/U	4/ 185		
2. Principal Place of Business			[ 24	2a. Mailing Address			4.	4. FEI Number Applied For					
21				26				<b>59-3279839</b> Not Applicat					
Suite, Apt. #, etc.			27	Suite, Apt #. etc.				5. Certificate of Status Desired Security \$8.75 Additional Feo Requires					
23	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
24	Zip	Zip	Country 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes							
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
MEIDE, MOSES JR. 817 NORTH MAIN ST JACKSONVILLE FL 32202						81 Name  82 Street Address (P.O. Box Number is Not Acceptable)							
AMMINGLITUTE I P APPAC						83							
						В4	Cily		·	FL	85 Z	rp Code	
1	<ul> <li>office or registered ag</li> </ul>	ions of Sections 607.0502 pont, or both, in the State o ith, and accept the obligat	í Flo	rida. Such change was	authorize	d by	the corporation	oratio on s	on submits this statement for the p board of directors. I hereby accep	urpose of cl I the appoi	nangin ntment	g its registered as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. TITLE DETELE 1.1 THE Change Addition DEWITT, GEORGE E NAME 1.2 NAME **267 EGRETS WALK** STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition 21 THLE DEWITT, ARIE G NAME 2.2 NAME 267 EGRETS WALK STREET ADORESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2 4 CHY-ST-ZIP DELF 1E Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - ST - ZIP DELFTE Change Addition TITLE 4.1 DILE NAME 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 Dilly - ST - ZIP DELETE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME

6.4.CIT-S1-ZIP

14. Ido 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 eath; 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.

6.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

6.1 T(1LE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Bu Day HOUR

DELFTE

2-11-97

904-281-200

Change

Addition