

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000044416 (2)**

1. Corporation Name

~~O.T. SYSTEMS, INC.~~
ONTIME SYSTEMS, INC NC 2-7-97

Principal Place of Business

**512 CLEVELAND STREET STE 278
CLEARWATER FL 34615**

Mailing Address

**512 CLEVELAND STREET STE 278
CLEARWATER FL 34615-4008**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4950 BAYSHORE BD		26 4950 BAYSHORE BD		05/25/1995	04/12/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 18		27 18		59-3315664	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 TAMPA, FL		28 TAMPA, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 33611	25 US	29 33611	30 US	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
MITCHELL, MARGARET M 512 CLEVELAND STREET STE 278 CLEARWATER FL 34615				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
4950 BAYSHORE BD					
83					
18					
84 City				85 Zip Code	
TAMPA				FL	33611

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

Margaret Mitchell VP

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	MITCHELL, MARGARET M	1.2 NAME	MARGARET MITCHELL
STREET ADDRESS	512 CLEVELAND STREET STE 278	1.3 STREET ADDRESS	4950 BAYSHORE BD #18
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D	2.1 TITLE	PRES
NAME	MITCHELL, KAREN E	2.2 NAME	MITCHELL, KAREN E
STREET ADDRESS	512 CLEVELAND STREET STE 278	2.3 STREET ADDRESS	1515 MAXIMILIAN DR
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	100002130821
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/02/97--01005--004
TITLE		6.1 TITLE	***165.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Margaret Mitchell

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

813 831-8505

Daytime Phone

CR2E034 (9/96)