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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

POCUMENT # P95000047461 (5)

SYSTEM ONE SALES, INC.

Principal Place of Business Mailing Address							
8384 BAYMEADOWS RD SUITE 11		8384 BAYMEADOWS RD SUITE 11					
JACKBONNILL	E FL 32256	JACKSONVILLE FL 32256-	7437				
					3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
					06/12/1995	05/09/1996	
2. Principal Place of Business 2e. Mailing Address		28. Mailing Address			4. FEI Number		lied For
360 Corporate Way 26		26 360 Corporat	360 Corporate Way		03-0339293	Not Applicable	
Sulte, Apt. #, etc. Suit		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	ditional
22 Suite 2 27 Suite 2 City & State			······································		57 Ochmicale of States Desired	Fee Requ	uired
} 1		h1 '			6. Election Campaign Financing	45.55 111.07 22	
23 Orange Park, Fl. 28 Orange Par		28 Orange Park,	., Fl.		Trust Fund Contribution		
	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 32073	24 32073 25 29 32073 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No		
		Hegisterea Agent	81	NI	10. Name and Address of New Reg	gistered Agent	
	SON, DALE S		81	Name			
718 N ORANGE AVE			82	Street Ac	et Address (P.O. Box Number is Not Acceptable)		
GR	EEN COVE SPRINGS FL 32043				<u>'</u>		
			83				
			84	City		85 Zip Co	nde -
						1-L	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	o-named co	orporation submits this statement for the paration's board of directors. I hereby accep	urpose of changing its r	registered
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statutes	тию согрог 3.	ration's board of directors, I hereby accep	i the appointment as re	gisterea
SIGNATURE							
	Signature, typed or printed name of registered agent			of signature rec	quired when renstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VP	☐ DELETE	13 104 (P	C hange	☐ Addition
NAME			1.2 NAME		Rudolph, Richard E		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				5000 San Jose Apt. 204		
CITY-ST-ZIP	JACKSONVILLE FL	· · · · · · · · · · · · · · · · · · ·	1.4 CiTY - S	1 - 7(P	Jacksonville, Fl. 3220	7	
TITLE	V	⊠ DELF1E	2.1 11111			Change	☐ Addition
NAME	HOLCOMB, JOHN		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - 9	st-zip			
TITLE	PT	I ZT DELETE	3.1 1411€			☐ Change	Addition
NAME	MALDONADO, AUGUSTO		3.2 NAMÉ				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 Cily-5	51 - 21P			
TITLE	S	🔏 betele	4.1 TITLE			Change	Addition
NAME	BRUNICK, LISA		4. 2 NAME				
STREET ADDRESS	1287 BEE ST N	4.3 \$		ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL	4.4 CH		1 - Z(P			
TITLE	· — · · · · · · · · · · · · · · · · · ·	DELFTE	5.1 HILE			Charige	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREFT	ADORESS			
CITY-ST-ZIP	1		5.4 C(1) Y - S	T-ZIP			
TITLE			6 1 TILLE			☐ Change	Addition
NAME							
14			6.2 NAME				

14. I do hereby certify that the information supplied with this filling 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 trusted 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.

FILED

Apr 30 1997 8:00am

Secretary of State

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