ANNU	ON OR BEFORE 8/7/96: \$225 (IF DI           PROFIT           PORATION           JAL REPORT           1996           MENT # P9500           Name	Sar Sar	DEPARTMENT O ndra B. Morthan acretary of State N OF CORPORA	n STATE.		
<b>TOTAL</b> Principal Place	SYSTEM CONCEPT, INC	Mailing Address				
12306 SW 131 MIAM FL 331	1 AVE.	12306 SW 131 AVE MIAMI FL 33186	E.		3. Date Incorporated or Qualifier	
i	ace of Business	2a. Mailing Address	S		06/23/1995 4. FEI Number	Applied For
21 Suite, Apt 1	#, etc	Suite, Apt. #, etc	c		5, Certificate of Status Desired	\$8.75 Additional
22 City & State	3	27 City & State			6. Election Campaign Financing	Fee Required
23	Country	28 Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Curr	29 rent Registered Agent	30		Florida Statutes 10, Name and Address of New F	Yes No
The Law Firm of Lawrence J \$ 343 Almeria Avenue Coral Gables FL 33134		o on leace on mo				
	RAL GABLES FL 33134			83 84 City	ress (P.O. Box Number is Not Accept	FL 85 Zip Code
11. Pursuant t office or re agent 1 ar SIGNATURE	PRAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both in the Sta m familiar with and accept the obl Signature turia a providing control of regioned OFFICERS /	ate of Florida, Such change i ligations of, Section 607.050	Statutes, the abc was authorized 55, Florida Statul (HOTE Beysenet 13.	83 84 City by the corporati tes.	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL 85 Zip Code purpose of changing its registered opt the appointment as registered
11. Pursuant t office or re agent 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP	RAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both in the Sta m familiar with and accept the obl Signature typical providerate of regioned	agent and Ment applicable agent and Ment applicable AND DIRECTORS	Statutes, the abo was authorized 35, Florida Statul (1015 Registered 13, 14 11 Titl 2 NAT 2 STF 14 CIT	83 84 City by the corporative by the corporative by the corporative tes. Agent signature required the signature require	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL     85     Zip Code       purpose of changing its registered     purpose of changing its registered       phtthe appointment as registered     phtthe appointment as registered       chair     chair       FICERS AND DIRECTORS IN 12     Addition
11. Pursuant t office or re agent 1 ar SIGNATURE 12. TIFLE NAME STREET ADDRESS	PRAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both, in the Sta m familiar with and accept the obl Signame breaction a natice (regioned OFFICERS / PSTD HARLOW, DENNIS L 12306 SW 131 AVE.	ale of Florida, Such change i ligations of, Section 607.050 agentanci lie if applicable AND DIRECTORS	Statutes, the abo was authorized 35, Florida Statul (1011, Bryshind 13, TE 111(1) 32NAI 33STF 14 Cti 22NAI 23STF	83       84     City       by the corporative       by the corporative       agent signature require       if       ME       stel ADDRESS       y-SI - ZIP       IF       ME       stel ADDRESS	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL 85 Zip Code purpose of changing its registered opt the appointment as registered DATE FICERS AND DIRECTORS IN 12
11. Pursuant to office or re agent 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both, in the Sta m familiar with and accept the obl Signame breaction a natice (regioned OFFICERS / PSTD HARLOW, DENNIS L 12306 SW 131 AVE.	agent and Ment applicable agent and Ment applicable AND DIRECTORS	Statutes, the abo was authorized 05, Florida Statul (1101E Registered 13, TE 111(1 22 NAI 23 STF 24 CT TE 31 TTT 32 NAI 33 STF	83       84       Ove-named corporatives       by the corporative       Agent's guadow reque       If       ME       stell ADDRESS       Y - ST - ZIP       If       ME       stell ADDRESS       IY - ST - ZIP       IE       ME       stell ADDRESS       IY - ST - ZIP       IE       ME       stell ADDRESS       IY - ST - ZIP       IE       ME:       stell ADDRESS	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL     85     Zip Code       purpose of changing its registered optitic appointment as registered       DATE       FICERS AND DIRECTORS IN 12       Change     Addition
11. Pursuant to office or re agent 1 ar SIGNATURE 12. 11/LE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both, in the Sta m familiar with and accept the obl Signame breaction a natice (regioned OFFICERS / PSTD HARLOW, DENNIS L 12306 SW 131 AVE.	Ite of Florida, Such change i ligations of, Section 607.050 agentation the Plappicable AND DIRECTORS	Statutes, the above           was authorized           05, Florida Statul           (ROTE Registered           13.           TE           1 4 CIT           2 3 STF           2 4 CIT           3 3 STF           3 4 CIT           3 3 STF           3 4 CIT           16           17           18           1 4 CIT           2 3 STF           2 4 CIT           3 3 STF           3 4 CIT           17           18           19           10           11           11           12           11           11           11           11           11           11           11           12           12           14           15           16           17           18           19           111           111           12           14           15           16	83       84     City       by the corporatiles       Agent signature requires       Agent signature requires       LE       ME       EET ADDRESS       LY - ST - ZIP       LE       ME       EET ADDRESS       LY - ST - ZIP       LE       ME       REET ADDRESS       LY - ST - ZIP       LE       ME       REET ADDRESS       LY - ST - ZIP       LE       ME       REET ADDRESS       LY - ST - ZIP       LE       ME       REET ADDRESS       LY - ST - ZIP       LE       ME       REET ADDRESS	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL       85       Zip Code         purpose of changing its registered opt the appointment as registered
11. Pursuant to office or re agent 1 ar SIGNATURE 12. 11/LE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRAL GABLES FL 33134 to the provisions of Sections 607.0 egistered agent or both, in the Sta m familiar with and accept the obl Signame breaction a natice (regioned OFFICERS / PSTD HARLOW, DENNIS L 12306 SW 131 AVE.	Ite of Florida, Such change i Igations of, Section 607.050 agentate Mell'appicable AND DIRECTORS	Statutes         the abc           was authorized         13.           (KOTE Registered         13.           TE         1 1 101           12 NAH         3 STF           14 CIT         2 NAH           23 STF         2 4 CIT           24 CIT         3 3 STF           34 CIT         1111           15         1 4 THI           3 3 STF         3 4 CIT           16         4 1 THI           4 3 STF         4 4 CIT           17         18           18         1 THI           19         2 NAH           33 STF         3 STF           18         1 THI           19         2 NAH           30 STF         3 STF	83       84     City       by the corporatiles       Agent signature reserved       It       ME       SET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE       ME       SEET ADDRESS       IY - ST - ZIP       IE	peration submits this statement for the ion's board of directors. Thereby acce red whenerestang:	FL       85       Zip Code         purpose of changing its registered opt the appointment as registered