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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 10 1997 8:00am

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DIVISION OF CORPORATIONS

1997

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CONTACT MANAGEMENT SYSTEMS, INC.

Principal Place of Business Mailing Address 2501 SOUTH BUMBY AVENUE 2501 SOUTH BUMBY AVENUE ORLANDO FL 32806 ORLANDO FL 32806-5012 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995 05/01/1996 2. Principal Place of Business 4. FEI Number Applied For 59-3333371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GOOGINS, DANIEL J 2501 SOUTH BUMBY AVENUE 82 ORLANDO FL 32806 83 84 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 bottom. The State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam farry of with, and group the purpose of changing its registered agent. Tam farry of with, and group the purpose of changing its registered agent. Tam farry of with, and group the purpose of changing its registered agent. Tam farry of with, and group the purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purpose of changing its registered agent. Tam farry of with a purp аррісав с (NOTE Registered Agent signature required when reinstating) OFFICERS AND IMPLOTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11718 1.1 TITLE Change Addition CANTY, RONALOB CANTY, RONALD B NAME **1.2 NAME** 3936 S. SENORAN BIND. SUITE ZIT 2501 SOUTH BUMBY AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition THUE 2.1 TITLE MAVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C11Y - S1 - 71P 2. 4 CITY-ST-ZIP DELETE Change THEE 3.1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY ST-ZIE 3.4 CITY-ST-ZIP DELETE THEE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ANDRESS 4.3 STREET ADDRESS CITY - \$3 - 7# 4.4 CITY-ST-ZIP DELETE TIL: E 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Title \_\_\_ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 thy corporation or the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby cerefy 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