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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



Sandra B. Mortham

FILED

Feb 06 1998 8:00am

Secretary of State

813-996-0118

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087918 (5)

O'CONNELL SYSTEMS INC

0 001	MELL STOTEMS, M.C.					
Principal Plac	ce of Business	Mailing Address				
920 CIMARRON CIR. 920 CIMARRON CIR. 8RADENTON FL 34209				DO NOT WRITE IN T	HIS SPACE	
ļ				3. Date Incorporated or Qualified		
				11/14/1995		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-3348949	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	l e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	1 6	Trust Fund Contribution	Added to Fees	
24	Country 25	Zip	Country	8. This corporation owes or has paid the		
24	9. Name and Address of Currer	29 1t Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No	
and by				10. Name and Address of New Registe	red Agent	
O'CONNELL, JOHN J						
920 CIMARRON CIR.			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
pr.	ADENTON FL 34209		83			
			84 City		85 Zip Code	
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 requirement.						
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	1 x 120 / (10)	mel Presi	lent / i)	1/20	र/१५	
SIGNATURE	Signature, typed or printips name of registered age		E. Registered Agent signature require	ed when reinstating) DA		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	$D_1 P$	☐ DELETE	1.1 TITLE V	PISIT. Assess II	Change Addition	
NAME	O'CONNELL, JOHN J		1.2 NAME	CONNELL, BARBARA, H.		
STREET ADDRESS	920 CIMARRON CIR.					
CiTY-ST-ZIP	BRADENTON FL 34209			BRAdenTON, Fl. 34209		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	·	I ber ere	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME OVEREST ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		Observe Layers	
NAME		☐ OCTEIG			Change Addition	
STREET ADDRESS			4. 2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME		T Annual T Virgition	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			5.2 NAME		ondigo natifully	
STREET ADDRESS			6.3 STREET ADDRESS			
1			O'O OTTICET HOUSELDD			

14. I 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 of 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 of portan attachment with an address.