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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 21 1998 8:00am Secretary of State

1. Corporation	MENT # <b>P9600</b> 0 IS SYSTEMS, INC.	0007456 (2)			<b>8</b>
Principal Place of Business Mailing Address					COMO IORA DIOCE ENIA DEL
11310 SATE	LLITE RIVD	11310 SATELLITE BLVD.			
ORLANDO F		ORLANDO FL 32837			
US		U\$		DO NOT WRITE IN 1H	S SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		01/24/1996 4. FEI Number	Applied For
21		26		59-3358893	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Z</b> ip	Country	Z <sub>p</sub>	Country	8. This corporation owes or has paid the	·····
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
11310 SATELLITE BLVD.			81 Name		
			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32837					
			B3		
			84 City		■ 85 Zip Code
de Deservation de la contraction de la contracti				F	
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 a 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 reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					of changing its registered ppointment as registered
SIGNATURE	-	uv. pro -			·
12.	Signature typed or printed name of regeneral agen OFFICERS AND		Hegistered Agent signature requi	incolvition reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTORS IN 12
TITLE	D	DELETE	1.1 1011	ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME	MAIERS, GERALD		1,2 NAME		
STREET ADDRESS	12088 BLACKHEATH CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2111111		Change Addition
NAME	MAIERS, CHARLES		2.2 NAME		
STREET ADDRESS	12528 BRITWELL CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 1)TLF		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STHEFT ADDRESS		
CITY-ST-ZIP			3 4. CHY-ST-ZIP		
TITLE		☐ DELETE	4 1 NTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Darke	4.4 CITY-S1-7IP		
TALE		☐ DELFTE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DOLETE	5.4 CITY - \$1 - ZIP	W = 75.00.00 U.S. C.	Change Laddition
TITLE		f nitte	6.1 NILE		Change Addition
NAME OTOGET ADODESC			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-S1-ZIP		

Thereby 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 minual 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 altagramment with an address.