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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028726 (3)

F & S SYSTEMS, INC.

Principal Place of Business

Mailing Address

1950 TOURNAMENT DR APOPKA FL 32712 1950 TOURNAMENT DR APOPKA FL 32712-2021

FILED Feb 10 1997 8:00am Secretary of State



			L	
			 Date Incorporated or Qualified 03/27/1996 	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Addre			4. FEI Number	Applied For
21 1950 104RNAMENT Dr 26 5AM	6 as 8	20006	59-3372889	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #. 6	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 APOPKA, FL 28			Trust Fund Contribution	Added to Fees
Zip Country Zip	Cou	ntry	8. This corporation has liability for in	tangible tax under s. 199.032,
24 32712 25 ORANGE 29	30		Florida Statutes	Yes Tho
9. Name and Address of Current Registered Agent			10. Name and Address of New Reg	Istered Agent
STATHAM, A. M.		81 Name	NIA	
1950 TOURNAMENT DR APOPKA FL 32712		82 Street Address (P.O. Box Number is Not Acceptable)		
		Street Address (r.o. Box Number is Not Acceptable)		
		83		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal office or registered agent, or both, in the State of Floridal Such changagent. Lam familiar with, and accept the obligations of, Section 607.0 	e was authorizer	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE Signature, typed or printed name of register, diagrent as dittide if amplicable.	(NOTE: Registerer	Agent signature requ	ured when reinstaling)	DATE
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE President DEL	ETE 1110	LE		Change Addition
mur Ku Elesher	1.2 N/	lwe j		
STREET ADDRESS 2121 LAKE MARION DC.	13.51	REET ADDRESS		
CITY-ST-ZIP APODKA FL 32712		IY-SI-ZIP		
TITLE U.P. DEL				Change Addition
NAME A.M. STATHAM	2.2 N	ME		
STREET ADDRESS 1950 TOWNSTONE Dr.		HEET ADDRESS		;*c+
CITY-ST-ZIP APOPKA, EL 32712		1Y-S1-7/P	•	
TITLE				Change Addition
NAME	3.2 N/			
STREET ADDRESS	16	REET ADDRESS		
CITY-ST-ZIP TITLE DELU		TY-ST-ZIP		Change Addition
NAME	4.7 II			C One-igo C Auditori
1				
STREET ADDRESS		RELT ADDRESS		
C(TY-ST-ZIP DEL		IY-SI-ZIP		Change L Addition
				☐ Change ☐ Addition
NAME	5.2 N/			
STREET ADDRESS	5.3 \$1	RÉET ADDRESS		-
City-SI-ZIP		ry - ST - ZIP		
TITLE	ETÉ G.1 717	HE		Change Addition
NAME	6.2 N/	ME		
STREET ADDRESS	63 \$1	REET ADDRESS		
CITY-ST-ZIP	6.4 CI	TY-ST-ZIP		
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I do 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 have officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if elanged, or on an attachment with an address.

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407/884-8776