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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

FILED

Apr 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600(YSTEMS, INC.	0032749 (9)			
Principal Plac	e of Business	Mailing Address	····	D EMBLIMAN IIM IMIKA MIRIN MAIN MAINI MAKUN MAKUN IIII	AN DYNAM KANAMANAMANAMANAMANAMANAMANAMANAMANAMANA
		456 SW SALERNO RD			
STUART FL 3		STUART FL 34997			
				DO NOT WRITE IN THIS	SPACE
•				3. Date Incorporated or Qualified 04/16/1996	
9 Principal P	lace of Business	2a. Mailing Address	·	4. FEI Number	A
21 Principas r	Idea of Educations	<u> </u>		65-0664340	Applied For Not Applicable
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	RDICK, LAURENCE G		81 Name		
458 SW SALERNO RD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	UART FL 34997				
			83		
			84 City		85 Zip Code
				poration submits this statement for the purpose of	<u> </u>
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND		E: Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	BURDICK, LAURENCE G		1.2 NAME		
STREET ADDRESS	456 SW SALERNO RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 City - St - Zip		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME .	BURDICK, JAYNE C		2.2 NAME		
STREET ADDRESS	456 SW SALERNO RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		2 4 CITY - ST - 7IP	······	
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		Ľ ∪ OULETE	4.1 HILE 4.2 NAMÉ		C Guando CT Mosution
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREFT ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1	6.4 SITY-ST-ZIP		
14 I herebuce	certify that the information supplied with	th this filing block not guellike to	or the bylemption stated in	Section 119 07(3)(i) Florida Statutes I further co	artify that the information

e periphor sales in Section 119.07(5)(f), Florida Statutes. I further cetting that the informatic gard that my signature shall have the same legal effect as if made under oath; that I am an use this report as required by Chapter 607, Florida Statutes; and that my name appears in