


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90154 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000036954</b>			
1. Corporation Name <b>THE SYSTEMS GROUP, INC.</b>			
Principal Place of Business <b>P.O. BOX 10743 POMPANO BEACH FL 33062</b>		Mailing Address <b>P.O. BOX 10743 POMPANO BEACH FL 33062</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip Country		Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LALONDE, SANDY 801 S FEDERAL HIGHWAY SUITE 1210 POMPANO BEACH FL 33062</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>LALONDE, SANDY</b>		
STREET ADDRESS	<b>801 S FEDERAL HIGHWAY SUITE 1210</b>		
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
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TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 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 attachment with an address, with all other like empowered

SIGNATURE: *Sandra LaLonde*

4/27/99