

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000048221 (0)

1. Corporation Name

COLONIAL RESEARCH SYSTEMS, INC.

Principal Place of Business

Mailing Address

1550 WEST 84TH STREET #12  
HIALEAH FL 33014

1550 WEST 84TH STREET #12  
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0765546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WATTS, JAMES  
1550 WEST 84TH STREET #12  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WATTS, JAMES  
STREET ADDRESS 1550 WEST 84TH STREET #12  
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☐ Change ☒ Addition

1.2 NAME Cleve Lee Gregory  
1.3 STREET ADDRESS 3135-2 University Blvd.  
1.4 CITY-ST-ZIP Kensington, Md. 20895

2.1 TITLE T/D ☐ Change ☒ Addition

2.2 NAME Susan Elaine Holder  
2.3 STREET ADDRESS 3135-2 University Blvd.  
2.4 CITY-ST-ZIP Kensington, Md. 20895

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME Theresa L. Holder  
3.3 STREET ADDRESS 4708 Wilwyn Way  
3.4 CITY-ST-ZIP Rockville, Md. 20852

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME William W. Holder  
4.3 STREET ADDRESS 4708 Wilwyn Way  
4.4 CITY-ST-ZIP Rockville, Md. 20852

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Daniel William Holder  
5.3 STREET ADDRESS 9604 Rustic Manor Ct.  
5.4 CITY-ST-ZIP Gaithersburg, Md. 20882

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

SIGNATURE: [Signature] 2-6-822-4442

CR2E034 (10/97)