FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S86391 (7)

1. Corporation Name
COST SYSTEMS GROUP, INC.

Principal Place of Business
4830 WEST KENNEDY BLVD.
SUITE 475
TAMPA FL 33609

Mailing Address
4830 WEST KENNEDY BLVD.
SUITE 475
TAMPA FL 33609

2. Principal Place of Business
21 4830 West Kennedy Blvd
Suite, Apt #, etc.
22 Suite 950
City & State
23 Tampa, FL
Zip
24 33609
Country
25

2a. Mailing Address
26 4830 West Kennedy Blvd
Suite, Apt #, etc.
27 Suite 950
City & State
28 Tampa, FL
Zip
29 33609
Country
30

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 03/07/1995
4. FEI Number: 59-3093082 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURRAY, LAWRENCE R.
4830 WEST KENNEDY BLVD.
SUITE 475
TAMPA FL 33609

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MURRAY, LAWRENCE R.	
STREET ADDRESS	4830 WEST KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	☐ DELETE
NAME	CLEMENT, DAVID	
STREET ADDRESS	4830 WEST KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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	PTD	☒ Change ☐ Addition
1.2 NAME	Murray, Lawrence R.	
1.3 STREET ADDRESS	19111 Goldie Lane	
1.4 CITY-ST-ZIP	Lutz, FL 33549	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	Clement, David	
2.3 STREET ADDRESS	6607 Timber Brook Ct.	
2.4 CITY-ST-ZIP	Tampa, FL 33625	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lawrence R. Murray — 2/16/96 — (813) 287-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #