

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moh Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045944 (2)

1. Corporation Name
S.I. COMPUTER SERVICES, INC.



Principal Place of Business 3724 S.E. FAIRWAY EAST STUART FL 34997	Mailing Address 3724 S.E. FAIRWAY EAST STUART FL 34997-8118
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3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 08/01/1996
4. FEI Number 65-0593358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. City

9. Name and Address of Current Registered Agent

**MANDEL, ROBERT D
3724 S.E. FAIRWAY EAST
STUART FL 34997**

10. Name and Address of New Registered Agent

11. Name	12. Street Address (P.O. Box Number is Not Acceptable)
13. City	14. Zip Code
	FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the herein-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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2. NAME	
STREET ADDRESS		1.3. STREET ADDRESS	
CITY - ST - ZIP		1.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY - ST - ZIP		2.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY - ST - ZIP		4.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY - ST - ZIP		5.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY - ST - ZIP		6.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: _____ **3/11/97** **361-221-9644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)