

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

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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000000067 (4)  
1. Corporation Name  
COMPUTERIZED SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business: 7523 SEURAT ST. #103 ORLANDO FL 32819  
Mailing Address: 7523 SEURAT ST. #103 ORLANDO FL 32819-7330

3. Date Incorporated or Qualified: 12/22/1995  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3350658  
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

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

9. Name and Address of Current Registered Agent  
BROWN, JAMES L  
7523 SEURAT ST. #103  
ORLANDO FL 32819

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, JAMES L
STREET ADDRESS	7523 SEURAT ST, #103
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BROWN LAMES L
STREET ADDRESS	7523 SEURAT ST, #103
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BROWN, JILL L.
STREET ADDRESS	7523 SEURAT ST, #103
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BROWN, JAMES L.
STREET ADDRESS	7523 SEURAT ST, #103
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BROWN, JILL L.
STREET ADDRESS	7523 SEURAT ST. #103
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, JILL L.
STREET ADDRESS	7523 SEURAT ST. #103
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, James L.
1.3 STREET ADDRESS	7523 Seurat St., #103
1.4 CITY-ST-ZIP	Orlando, FL 32819
2.1 TITLE	D/VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brown, Jill L.
2.3 STREET ADDRESS	7523 Seurat St., #103
2.4 CITY-ST-ZIP	Orlando, FL 32819
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Jill L. Brown James L. Brown 30 Jan 97 (407) 246-0519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)