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Feb 28 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 # **S05963** (1)
1. Corporation Name
CONTROLLERSHIP SERVICES, INC.



Principal Place of Business: **801 ORIENTA AVENUE, SUITE 1000
ALTAMONTE SPRINGS FL 32701**
Mailing Address: **801 ORIENTA AVENUE, SUITE 1000
ALTAMONTE SPRINGS FL 32701-5617**

3. Date Incorporated or Qualified: **10/10/1990**
3a. Date of Last Report: **01/29/1996**
4. FEI Number: **59-3036707**
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: **537 ONE CTR BLVD**
2a. Mailing Address: **P.O. Box 941145**
21 Suite, Apt. #, etc.: **Suite 307**
26 Suite, Apt. #, etc.:
22 City & State: **Altamonte Springs FL**
27 City & State: **Maitland FL**
23 Zip: **32701** Country: **USA**
28 Zip: **32794-1145** Country: **USA**

9. Name and Address of Current Registered Agent
**SABOFF, JAMES R.
801 ORIENTA AVENUE, SUITE 1000
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **537 ONE CTR BLVD**
83 **Suite 307**
84 City: **Altamonte Springs** FL 85 Zip Code: **32701**

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: *James R. Saboff* (NOTE: Registered Agent signature required when restating) DATE: **2-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	SABOFF, JAMES R.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		1.2 NAME	
STREET ADDRESS:	801 ORIENTA AVE, #1000	1.3 STREET ADDRESS	537 ONE CTR BLVD, Suite 307
CITY-ST-ZIP:	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP:	Altamonte Springs FL 32701
TITLE: P	DONOVAN, NANCY M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:	801 ORIENTA AVE #1000	2.3 STREET ADDRESS	
CITY-ST-ZIP:	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE:		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	
TITLE:		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	
TITLE:		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	
TITLE:		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	

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: *James R. Saboff* DATE: **2/22/97** (407) 332-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)