FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 17822 CSI COMMUNICATION SYSTEMS		811 8411 81811 B1811 B1811	81812 61611 616 <u>1</u> 1 1440		
Principal Place of Business	Maling Address			AIL 8815 DIBIT DIBIT 81841	018H 018H 818H H88H
5521 NW 78TH AVE MIAMIO FL 33166	5521 NW 78 AVE MIAMI FL 33166				
US			Date Incorporated or Qualified 04/12/1954	3a. Date of Las 05/16/	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.	Suite, Apt #, etc.		59-0710228		Not Applicable 75 Additional
	27		5. Certificate of Status Desired	1 1	ee Required
City & State	Orty & State		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be dded to Fees
Zip: Country	Ζφ	Country	8. This corporation has liability fo	_ •	ers 199.032,
[25] 9. Name and Address of Currer	29 of Registered Agent	[30]	Florida Statutes Ye 10. Name and Address of New		
		81 Name _	***************************************		,
STRONG; BARBARA - 3401 NW 202ND ST: MIAMI FL 33056 -		82 Street Addr	vid Singer/ ess (P.O. Box Number is Not Accepte 0 S.W. 128 St.	apíe)	
		84 City		P-1 85	Zip Code 33186
1 Purs and to the receisions of Sections 607 0500	2 and 607 1508 Florida Statute		amî ation submits this statement for the n	FL 63	
 Pursuant to the provisions of Sections 607.0507 or registered agent, Soft, in the State of Flor familiar with, and accept the obligations of, Sict SIGNATURE 	tion 607.0505, Florida Stalutes.		•	pointment as registe	ered agent. I am
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
PS PS	☐ DELETE	1 1 TITLE		Char	nge 🔲 Addition
GINSBERG, NORMAN		1.2 NAME			
THEET ACCURESS 9421 SW 88TH TERRACE III ST. ST. ZIP MIAMI FL		1 3 STREET ADDRESS 1 4 CITY - ST- ZIP			
ILE P	DELETE	2 1 TITLE		☐ Chai	nge 🔲 Addition
GINSBERG, NORMAN		2.2 NAMŁ			
TREEF ADDRESS 10226 NW 52NDLANE		2.3 STREET ADDRESS			
HY-ST ZIP MIAMI FL	☐ DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		☐ Chai	nge
AM:	[] Dittell	3.2 NAME			inge 🔲 xeamon
DREAT ADDRESS		3.3 STREET ADDRESS			
dy Style		3 4 CITY - ST - ZIP			
LUF	☐ DELFTE	4 1 TITLE		☐ Cha	nge 🔲 Addition
iAME		4.2 NAME			
THEET ADDRESS		4.3 STREET ADDRESS			
11 × \$1 716	DEFETE	4.4 CITY - S1 - ZIP 5 1 TITLE		☐ Cha	nge
AMF		5.2 NAMÉ			<u>-</u>
THEFT ACCORES		5 3 STREET ADDRESS			
01) \$1 zic		5 4 CITY-ST-ZIP	······		party ,
luf	☐ DELETE	6 1 TITLE		☐ Cha	nge 🔲 Addition
AMP		6.2 NAME			
STREET ADDRESS DOWNST ZIP		6.3 STREET ADDRESS 6.4 CHY+ST-ZIP			
14. I do hereby cert fy that the information supplied	with this filing is voluntarily furn	ished and does not qualify:	for the exemption stated in Section 1	19.07(3)(k), Florida S	tatutes. I further
certify that the information indicated on this and oath; that I am an officer or director of the corp appears in Block 12 or Block 13 if changed, or	iual report or supplemental anni ioration or the receiver or trustee	ual report is true and accura e empowered to execute th	ate and that my signature shall have t	he same legal effect	as if made under
SIGNATURE: Moman	OR PRINTED NAME OF SIGNING OFFICE	NORMAN H	GMSB#86- 1/17/9	(305) 5	92-8536