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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

CSI COMMUNICATION SYSTEMS, INC. Principal Place of Business Mailing Address 5521 NW 78TH AVE MIAMIO FL 33166 MIAMIO FL 33166 MIAMIO FL 33168-4119 US								
•					3. Date Incorporated or Qualifie		Date of Last R	aport
Principal F	lace of Business	2a. Mailing Address			04/12/1954 4. FEt Number	וט	/24/1996	oplied For
		26			59-0710228			t Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	
City & Stat	U	City & State			6. Election Campaign Financing	F	\$5.00	May Be
Zφ	Country	28 Zip	Countr	у	Trust Fund Contribution 8. This corporation has liability f	or intangible	Added to tax under s	
<u></u>	25	29	30		Florida Statutes		No	
	9, Name and Address of Curren	nt Registered Agent		Name	10. Name and Address of New	Registered	Agent	
	GER, DAVID							
13320 SW 128 STREET MAIMI FL 33186			82 Street Add		ress (P.O. Box Number is Not Accep	table)		
17174	(III) 1 E 00 100		83	3				
			84	City		FI	85 Zip	Code
	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505.	authorized to lorida Statute	by the corpora es.	poration submits this statement for th ation's board of directors. I hereby ac	cehi iue ab	politicità 20	registered
1. Pursuant office or i agent 1 a IGNATURF	Signature: typed or perchad names of registered ag OFFICERS AN	ent and title if applicable (N		gent signature requ	ition's board of directors. I hereby ac aired when reinstating? ADDITIONS/CHANGES TO OF	DATE		
IGNATURF	Signature: type dior pereled parew of registered ag	ent and title if applicable (N	OTE: Registered A	gent signature requ	uired when reinstating)	DATE	ID DIRECTOR	RS IN 12
IGNATURE 2. ILE IME	Signature tops dier ja electromen of registered ap OFFICERS AN PS GINSBERG, NORMAN 9421 SW 88TH TERRACE	ent and title if applicable (N	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature requi	uired when reinstating)	DATE	ID DIRECTOR	RS IN 12
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SIGNATURE

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