

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Weisman  
Secretary of State  
Tallahassee, Florida 32304

APPROVED  
AND  
FILED

DOCUMENT # **273087**

(7)

MAY 11 1995

CAVALIER BUSINESS SYSTEMS, INC.

RECEIVED

Principal Place of Business: 10475 FORTUNE PKWY SUITE 103 JACKSONVILLE FL 32256 US  
Mailing Address: P.O. BOX 23827 JACKSONVILLE FL 32241-3827 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>08/26/1963</b>	3a. Date of last report <b>05/01/1994</b>
4. FEI Number <b>59-1021691</b>	Applied for <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation is eligible for retroactive tax credit under Section 1045? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAVALLARO, ANGELO C 10475 FORTUNE PKWY SUITE 103 JACKSONVILLE FL 32256		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	B5. Zip Code

11. Pursuant to the provisions of Sections 607.06(1), 607.06(2), and 607.06(3), Florida Statutes, the above named corporation certifies 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. Each change will not except the discipline of Sections 607.06(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ALTERNATE REGISTRARS	
OFFICER	NAME	NAME	
NAME	STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
CITY	CITY	CITY	
STATE	STATE	STATE	
ZIP	ZIP	ZIP	
OFFICER	NAME	NAME	
NAME	STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
CITY	CITY	CITY	
STATE	STATE	STATE	
ZIP	ZIP	ZIP	
OFFICER	NAME	NAME	
NAME	STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
CITY	CITY	CITY	
STATE	STATE	STATE	
ZIP	ZIP	ZIP	

14. I hereby certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation, the name of the officer or director is as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an alternate registrant with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 (904) 363-9000