

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 273087 (7)

1. Corporation Name

CAVALIER BUSINESS SYSTEMS, INC.



Principal Place of Business

Mailing Address

10475 FORTUNE PKWY
SUITE 103
JACKSONVILLE FL 32256
US

P.O. BOX 23827
JACKSONVILLE FL 32241-3827
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CAVALLARO,ANGELO C
10475 FORTUNE PKWY
SUITE 103
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

08/26/1963

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1021691

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent Signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAVALLARO,ANGELO C
STREET ADDRESS 8230 BAYCENTER ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10475 Fortune Pky STE 103
1.4 CITY-ST-ZIP Jacksonville, Florida 32256

☒ Change

☐ Addition

TITLE VD
NAME CAVALLARO,OLIVA
STREET ADDRESS 8230 BAYCENTER ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 10475 Fortune Pky St 103
2.4 CITY-ST-ZIP Jacksonville, Florida 32256

☒ Change

☐ Addition

TITLE STD
NAME TURLEY,MARY ANN
STREET ADDRESS 6332 KENNERLY RD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change is shown as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

604-363-9000

CR2E034 (12/95)