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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 273087 (7)  
1. Corporation Name  
CAVALIER BUSINESS SYSTEMS, INC.



Principal Place of Business  
10475 FORTUNE PKWY  
SUITE 103  
JACKSONVILLE FL 32256  
US

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

3. Date Incorporated or Qualified 08/26/1963  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1021691	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CAVALLARO,ANGELO C	1.2 NAME	
STREET ADDRESS	10475 FORTUNE PKY, SUITE 103	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	
NAME	CAVALLARO,OLMA	2.2 NAME	
STREET ADDRESS	10475 FORTUNE PKWY, SUITE 103	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	
NAME	TURLEY,MARY ANN	3.2 NAME	
STREET ADDRESS	6332 KENNERLY RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)