

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90182 031 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 273087**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>08/26/1963</b>	4. FEI Number <b>59-1021691</b>	Applied For No: Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**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) <b>9150 Philips Highway</b>
83
84 City <b>Jacksonville, FL</b>
85 Zip Code <b>32256</b>

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 title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>9150 Philips Highway</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAVALLARO,ANGELO C</b>		1.2 NAME	
STREET ADDRESS <b>10475 FORTUNE PKY, SUITE 103</b>		1.3 STREET ADDRESS <b>Jacksonville, FL. 32256</b>	
CITY-STATE-ZIP <b>JACKSONVILLE FL.</b>		1.4 CITY-STATE-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>9150 Philips Highway</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAVALLARO,OLIVIA</b>		2.2 NAME	
STREET ADDRESS <b>10475 FORTUNE PKWY, SUITE 103</b>		2.3 STREET ADDRESS <b>Jacksonville, FL. 32256</b>	
CITY-STATE-ZIP <b>JACKSONVILLE FL.</b>		2.4 CITY-STATE-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TURLEY,MARY ANN</b>		3.2 NAME	
STREET ADDRESS <b>6332 KENNERLY RD</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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 with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99**

Date

**(904)288-3300**

Daytime Phone #

CR2E034 (11/98)

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