


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

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 464629 (5)
1. Corporation Name
COMPUTER FINANCIAL SYSTEMS, INC.

Principal Place of Business
1300 NORTH FEDERAL HIGHWAY
SUITE 208
BOCA RATON FL 33432

Mailing Address
1300 NORTH FEDERAL HIGHWAY
SUITE 208
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 1300 No FEDERAL Hwy 22 Suite, Apt. #, etc. 208 23 City & State Boca Rtn FL 24 Zip 33432 | | 2a. Mailing Address 25 1300 No FEDERAL Hwy 26 Suite, Apt. #, etc. 208 27 City & State Boca Rtn FL 28 Zip 33432 | | 3. Date Incorporated or Qualified 11/05/1974 | |
| 4. FEI Number 59-1556473 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | \$8.75 Additional Fee Required | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 9. Name and Address of Current Registered Agent RICUCCI, NICHOLAS C. 1300 N. FEDERAL HWY SUITE 208 BOCA RATON FL 33432 | | 10. Name and Address of New Registered Agent | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent RICUCCI, NICHOLAS C. 1300 N. FEDERAL HWY SUITE 208 BOCA RATON FL 33432 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | RICUCCI, NICHOLAS C | 1.2 NAME | |
| STREET ADDRESS | 250 S. OCEAN BLVD. 4D | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | |
| NAME | LOW, PA L | 2.2 NAME | |
| STREET ADDRESS | 2206 N.W. 39TH AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK FL 33066 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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

Nicholas C Ricucci (561) 391 5106

CR2E034 (10/97)