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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

į	NUAL REPORT 1997	Secretary DIVISION OF CO		Secreta	ry of Stat	te
DOCU 1. Corporal	JMENT # ARRAGO	3 (3)				
CUSTO	OMER SERVICE, INC.					
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Principal Pl	ace of Business	Mailing Address		-	<u>Stoit alan dian beath ain</u> e ann i	
150 OXFORD ROAD. SUITE 140 150 OXFORD ROAD. SUITE P O BOX 300789 P O BOX 300789		140				
	U/89 FL 32730-7789	FERN PARK FL 32730-0789				
				3. Date Incorporated or Qualified 08/27/1975	3a. Date of Last Report 02/20/1996	1
2. Principal	Flace of Business	2a. Mailing Address		4. FEI Number	Applied	For
Suite, Ar	as di oba	26 Suite, Apt. #, etc.		59-1616886	Not Apr	
22	K W. Cus.	27 Stille, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May	Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fee	
24	[25]		30	8. This corporation has liability for Florida Statutes	Yes No	.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	BINSON, PETER G.		81 Name			
	5 Greytwig Road Ro Beach Fl		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
70	INO DENON FL		83			
			84 City		85 Zip Code	
1					FL S 25 COM	
11 Dargues	at to the provisions of Castions 607.0	602 and 607 1609 Florida Statuta	the above named cor	regration submits this statement for the n		intered
11. Pursual office of	nt to the provisions of Sections 607.0 or registered agent, or both, in the Sta	502 and 607, 1508, Florida Statute: ate of Florida, Such change was au ligations of Section 607,0505, Flor	s, the above-named cor uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept		istered tered
1		502 and 607.1508, Florida Statute ate of Florida. Such change was at ligations of, Section 607.0505, Flor	s, the above-named cor uthorized by the corpora ida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept		istered tered
SIGNATURI	Signature, typed or printed name of regist/red	agont and lide if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	purpose of changing its regis of the appointment as regis	
1	Signature, typical or printed name of registered OFFICERS A				purpose of changing its regis of the appointment as regis DATE CERS AND DIRECTORS IN	
SIGNATURI	Signature, typed or printed name of regist/red	agont and little if applicable (NOTE-	Registered Agent signature requ	ired when reinstating)	purpose of changing its regis of the appointment as regis DATE CERS AND DIRECTORS IN	12
SIGNATURI 12.	Signature, systed or printed native of registered OFFICERS A PD ROBINSON, PETER G. 315 GREYTWIG ROAD	agont and little if applicable (NOTE-	Registered Agent signature required 13.	ired when reinstating)	purpose of changing its regis of the appointment as regis DATE CERS AND DIRECTORS IN	12
SIGNATURI 12. ITHE HAME STHEEL ADDRES CITY-ST-ZIO	Signature, systed or printed name of registered OFFICERS A PD ROBINSON, PETER G. 315 GREYTWIG ROAD VERO BEACH FL	agent and left if applicable (NOTE NND DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City- ST-ZIP	ired when reinstating)	purpose of changing its regist the appointment as regist the appointment as regist DATE DATE CRIS AND DIRECTORS IN Change	12 Addition
SIGNATURI 12. DILE NAME STHEEL ADDRES	Signature, spaced or printed name of registered OFFICERS A PD ROBINSON, PETER G. 315 GREYTWIG ROAD VERO BEACH FL VD	agent and left if applicable (NOTE NNO DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	purpose of changing its regist the appointment as regist the appointment as regist DATE DATE CRIS AND DIRECTORS IN Change	12
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Robert T. Shutts 3/28/97 (407)831-2211

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

SIGNATURE:

appears in Block 12 or Block 13 if c

FILED

Apr 01 1997 8:00am