

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F13948 (7)
1. Corporation Name
COMPUTER INFORMATION CONSULTING SERVICES, INC.



Principal Place of Business	Mailing Address
8898 NW 49 DR CORAL SPRINGS FL 33067	8898 NW 49 DR CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified 01/07/1981		3a. Date of Last Report 04/28/1995	
4. FEI Number 59-2048932		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

FINKEL, SAUL
8898 NW 49 DR
CORAL SPRINGS FL 33067

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

* Signature, typed & printed name of registered agent acceptable

(101b) Resistor A: Input Signal is negative 25% on feedback loop

DATE _____

12 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FINKEL, IRIS D. 8898 NW 49 DR. CORAL SPRINGS FL	<input type="checkbox"/> DELETE
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TITLE	PD	<input type="checkbox"/> DELFTE
NAME	FINKEL, SAUL	
STREET ADDRESS	8898 NW 49 DR	
CITY, ST, ZIP	CORAL SPRINGS FL	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELIVER
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fig.

14. *Journal of the American Medical Association*, 1997; 277: 1025-1028.

CR2E034 (12/95)