

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

**FILED**

**Apr 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F15382 (7)**  
1. Corporation Name  
**COMPUSOFT SERVICES, INC.**



Principal Place of Business <b>5717 BAY SIDE DRIVE ORLANDO FL 32819 US</b>	Mailing Address <b>7512 DR. PHILLIPS BLVD SUITE 50-304 ORLANDO F 32819-5100 US</b>
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2. Principal Place of Business 21 <b>5513 Palm Lake Circle</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>ORLANDO FL</b>	City & State 28
Zip 24 <b>32819</b>	Country 25 <b>ORLANDO US</b>
Country 29	Country 30

3. Date Incorporated or Qualified <b>01/20/1981</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>59-2114506</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TICKNOR, ERNEST J.  
1480 S. LYNDELL DRIVE  
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>PST TICKNOR, THOMAS E 5717 BAYSIDE DRIVE ORLANDO FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5513 PALM LAKE CIR ORLANDO FL 32819</b>
<input type="checkbox"/> DELETE	<b>D TICKNOR, THOMAS E 5717 BAYSIDE DRIVE ORLANDO FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5513 PALM LAKE CIR ORLANDO FL 32819</b>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** *Thomas Ticknor* **REQUIRE SIGNATURE** **4-4-97** **407.248.0698**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)