

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G18373** (2)
1. Corporation Name
COMPUTER MANAGEMENT SCIENCES, INC.

Principal Place of Business 8133 BAYMEADOWS WAY JACKSONVILLE FL 32256	Mailing Address 8133 BAYMEADOWS WAY JACKSONVILLE FL 32256-6218
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/12/1983	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2264633	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 DAVIS, JERRY W. 8133 BAY MEADOWS WAY JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JERRY W	1.2 NAME	
STREET ADDRESS	8133 BAYMEADOW WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGHT, ANTHONY V	2.2 NAME	D/V/S
STREET ADDRESS	8133 BAYMEADOWS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGHI, LARRY A	3.2 NAME	Matthews
STREET ADDRESS	8133 BAYMEADOWS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	SV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMAN, PAUL S	4.2 NAME	Anthony Colalucia
STREET ADDRESS	8133 BAYMEADOWS WAY	4.3 STREET ADDRESS	8133 Baymeadows Road Way
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINARDI, DAVID C	5.2 NAME	
STREET ADDRESS	8133 BAYMEADOWS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONECIPHER, HARRY C	6.2 NAME	
STREET ADDRESS	8133 BAYMEADOW WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Anthony Colalucia, V.P. CFO** 4/31/97 904-737-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: # X-2333
0039013

CR2E034 (9/96)