## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

G28490 **DOCUMENT #** 

(2)

COMPUTER SCIENCE INNOVATIONS, INC.

Principal Place	of Business	Mailing Address			aim aum arast Kiair Aigis Biffit Aifil Áféir i Dát
1235 EVANS MELBOURN US		1235 EVANS ROAD MELBOURNE FL 32904 US			
				3. Date Incorporated or Qualified 03/18/1983	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ce of Business	2a, Mailing Address		4. FEI Number 59-2272365	Applied For
Suite, Apt. #	l atc	Suite, Apt. #, etc.		39-2212303	Not Applicable
22	, 0.0.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes Yes	
	<ol><li>Name and Address of Current F</li></ol>	legistered Agent		10. Name and Address of New	Registered Agent
			81 Name		
	ELL, BRUCE A.		82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
1825 S RIVERVIEW DR					
MELBO	RNE FL 32901		83		
			84 City		85 Zip Code
11. Fursuant to	the provisions of Sections 607.0502 and	n 607 1508. Florida Statutes	the above named corner	ation submits this statement for the su	FL   1   1   1   1   1   1   1   1   1
	d agent, or both, in the State of Florida. n, and accept the obligations of, Section		by the corporation's board	d of directors. Thereby accept the app	pointment as registered agent. I am
	i, and accept the boligations or, Section	907.0505, Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and	title Lappicable (NOTE	Registered Agent signature required	When reinstating:	DATE
12.	OFFICERS AND D		13.		FICERS AND DIRECTORS IN 12
TITLE	PCD	☐ D£LETE	1.1 TITLE	/n	Change   Iddition
NAME	BLOHM, JOHN ARTHUR		1.2 NAME B	ohm, John Arthu	, ,
STREET ADDRESS	520 PALM SPRINGS BLVD.		1.3 STREET ADDRESS	04 Saures 144	1
CITY-S1-ZIP	INDIAN HARBOR BEACH FL	*	1.4 CITY-ST-ZIP	owson, mo alac	)4 ,
TITLE	VDS	☐ DELETE	2 1 TITLE P	D	Change Addition
NAME	SCHAFFER, JAMES CASPER		22 NAME	illigan, George, II	
STREET ADDRESS.	851 LOGGERHEAD ISL DR		23 STREET ADDRESS 3	s Interlaken Ro	ı
CITY-ST-ZIP	SATELLITE BEACH FL		24 CITY-ST-ZIP	rlando, FL 328	04
TITLE	DOWING MICHAEL C	DELETE	3. 1 TITLE	,	Change Addition
NAME	DOWLING, MICHAEL G. 2981 GATEWAY DRIVE		3.2 NAME		
STREET ADDRESS	POMPANO BEACH FL		3 3. STREET ADDRESS		
CITY-ST-ZIP TITLE	D DEACH PL	[ ] NEI ETE	3.4 CITY - ST - ZIP		
NAME	TATE, RAYMOND T	☐ DEFELE	4. 1 TITLE		Change Addition
	17929 POND ROAD		4.2 NAME		
STREET ADDRESS	ASHTON MD		4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP		El Obsession ED Assis
NAME	SILBERHORN, EDWARD J.	. L.J beccie	5 1 TITLE		Change Addition
STREET ADDRESS	205 VANBUREN ST 400		5 2 NAME		
CITY-ST-ZIP	HERNDON VA		5 3 STREET ADDRESS		
TITLE	D	DELETE	5.4 City-St-7(P) 6.1 Title		Change Addition
NAME	HARVEY, CURRAN W.	No.	6.2 NAME		Change Addition
STREET ADDRESS	1119 ST PAUL ST		6.3 STREET ADDRESS		
CITY-S1-ZIP	BALTIMORE MD		6.3 STREET ADORESS		

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 CONTROL ON PRINTED NAME OF SIGNING OFFICE ON DIRECTOR PRODUCTION PRODUCTION OF SIGNATURE CONTROL OF SIGNING OFFICE ON DIRECTOR OF SIGNATURE CONTROL OF SIGNATURE CONTRO