

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

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Mar 04 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 # **G28490** (2)

1. Corporation Name  
**COMPUTER SCIENCE INNOVATIONS, INC.**

Principal Place of Business <b>1235 EVANS ROAD MELBOURNE FL 32904 US</b>	Mailing Address <b>1235 EVANS ROAD MELBOURNE FL 32904-2314 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/18/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-2272365</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>MITCHELL, BRUCE A. 1825 S RIVERVIEW DR MELBORNE FL 32901</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>VICTOR S. KOSTRO</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1825 S. Riverview Dr</b>
				83	
				84 City	<b>Melbourne</b>
				FL	<b>FL</b>
				85 Zip Code	<b>32901</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 Victor S. Kostro DATE 02-21-97  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOHM, JOHN ARTHUR			1.2 NAME			
STREET ADDRESS	704 SQUIRES RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TOWNSON MD			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLIGAN, GEORGE H.			2.2 NAME			
STREET ADDRESS	33 INTERLAKEN RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOWLING, MICHAEL G.			3.2 NAME			
STREET ADDRESS	2981 GATEWAY DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATE, RAYMOND T			4.2 NAME			
STREET ADDRESS	17929 POND ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	ASHTON MD			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILBERHORN, EDWARD J.			5.2 NAME			
STREET ADDRESS	205 VANBUREN ST 400			5.3 STREET ADDRESS			
CITY-ST-ZIP	HERNDON VA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	<b>C/D Rittereiser, Frederic</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>1900 Market St, Suite 701</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>		

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: George H. Milligan DATE 2/27/97 DAYTIME PHONE # 407-676-2923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)