

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G85309 (4)

1. Corporation Name
COMPUTER SOFTWARES, INC.



Principal Place of Business: **1175 WEST WOOD DR - JACKSONVILLE FL 32259-9293 US**
Mailing Address: **C/O E. SCOTT GOLDEN, ESO. 644 SE 4 AVE FORT LAUDERDALE FL 33301 US**

3. Date Incorporated or Qualified: **02/17/1984**
3a. Date of Last Report: **03/31/1995**
4. FFI Number: **59-2384006**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **7792 W. Courtyard Run**
2a. Mailing Address: **Suite, Apt. #, etc.**
22. City & State: **Boca Raton, FL**
23. Zip: **33433** Country: **USA**
24. Zip: **33433** 25. Country: **USA** 29. Zip: **33433** 30. Country: **USA**

9. Name and Address of Current Registered Agent

**GOLDEN, E. SCOTT
644 SOUTHEAST 4 AVE.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

(DATE)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PDS | <input type="checkbox"/> DELETE |
| NAME | REED, JOHN W., JR. | |
| STREET ADDRESS | 1175 WESTWOOD DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | + | <input checked="" type="checkbox"/> DELETE |
| NAME | REED, JOHN W., JR. | |
| STREET ADDRESS | 1175 WESTWOOD DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D/P/S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 7792 West Courtyard Run | |
| 1.4 CITY-ST-ZIP | Boca Raton, FL 33433 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add-on |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add-on |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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: *John W. Reed* **JOHN W. REED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (904)287-3734
DATE DAYTIME PHONE #

CR2E034 (12/95)