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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H44890

(2)

1. Corporation Name

CUSTOMIZED SUPPORT SERVICES, INC.

Principal Place of Business

C/O HARVEY E. PIES
532 RIVERSIDE AVENUE, POB 1798 (32202)
JACKSONVILLE FL 32202-4918

Mailing Address

C/O HARVEY E. PIES
532 RIVERSIDE AVENUE, POB 1798 (32202)
JACKSONVILLE FL 32202-4914



3. Date Incorporated or Qualified
02/28/1985

3a. Date of Last Report
03/05/1996

4. FEI Number

59-2499702

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PIES, HARVEY E.
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FLAHERTY, WILLIAM E.	
STREET ADDRESS	12316 MANDARIN RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	DELETE
NAME	CAScone, MICHAEL A.	
STREET ADDRESS	1255 ESTORIL DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	DELETE
NAME	ALBRIGHT, THOMAS E.	
STREET ADDRESS	8132 WEKIVA WAY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	DELETE
NAME	RICHARDS, CHARLES R.	
STREET ADDRESS	532 RIVERSIDE AVE.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	DELETE
NAME	DAVIDSON, BRUCE A.	
STREET ADDRESS	505 LANCASTER ST #12C	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)