


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H80911 (1) 1. Corporation Name COMPUTER APPLIED MANAGEMENT SYSTEMS, INC.					
Principal Place of Business 800 CORTEZ RD., W. BRADENTON FL 34207 US			Mailing Address 800 CORTEZ RD., W. BRADENTON FL 34207 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/16/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2646949	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CONLEY, JEFFREY A. 800 CORTEZ RD., W. BRADENTON FL 34207				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE				1.1 TITLE	
NAME				1.2 NAME	
STREET ADDRESS				1.3 STREET ADDRESS	
CITY-ST-ZIP				1.4 CITY-ST-ZIP	
2.1 TITLE				2.2 NAME	
2.2 NAME				2.3 STREET ADDRESS	
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP	
2.4 CITY-ST-ZIP				3.1 TITLE	
3.1 TITLE				3.2 NAME	
3.2 NAME				3.3 STREET ADDRESS	
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP	
3.4 CITY-ST-ZIP				4.1 TITLE	
4.1 TITLE				4.2 NAME	
4.2 NAME				4.3 STREET ADDRESS	
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP	
4.4 CITY-ST-ZIP				5.1 TITLE	
5.1 TITLE				5.2 NAME	
5.2 NAME				5.3 STREET ADDRESS	
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP	
5.4 CITY-ST-ZIP				6.1 TITLE	
6.1 TITLE				6.2 NAME	
6.2 NAME				6.3 STREET ADDRESS	
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP	
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

14. I 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]* Iley Conley - Pres. 1-9-98

CR2E034 (10/97)