

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

FILED

Mar 27 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 # **H92979** (4)
1. Corporation Name
C-A INFORMATION SYSTEMS, INC.



Principal Place of Business 2435 TRAPP AVENUE MIAMI FL 33133	Mailing Address 2435 TRAPP AVENUE MIAMI FL 33133-2046
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3. Date Incorporated or Qualified 01/03/1986	3a. Date of Last Report 01/30/1986
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2. Principal Place of Business 21 605 N. Lake Circle Suite, Apt. #, etc.	2a. Mailing Address 26 605 N. Lake Circle Suite, Apt. #, etc.	4. FEI Number 59-2693186	Applied For Not Applicable
22 City & State Crystal River, FL	27 City & State Crystal River FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 34429	28 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34429	25 Country USA	29 Zip 34429	30 Country USA

9. Name and Address of Current Registered Agent

ARDOLINO, ANTHONY
2435 TRAPP AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Anthony Ardolino
82 Street Address (P.O. Box Number is Not Acceptable) 605 N. LAKE CIRCLE
83
84 City CRYSTAL RIVER FL
85 Zip Code 34429

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ARDOLINO, ANTHONY		1.2 NAME	
STREET ADDRESS 2435 TRAPP AVENUE		1.3 STREET ADDRESS 605 N. LAKE CIRCLE	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34429	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE:  **Anthony Ardolino** 3/25/97 352-563-5300
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)