

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 # **H94925** (5)

1. Corporation Name

C & S DATA SERVICES CORPORATION



Principal Place of Business

Mailing Address

% ROBERT D. SCHWARTZ
4065 L.B. MCLEOD RD SUITE E
ORLANDO FL 32811

% ROBERT D. SCHWARTZ
4065 L.B. MCLEOD RD SUITE E
ORLANDO FL 32811

3. Date Incorporated or Qualified
01/20/1986

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **3714 Vineland Rd.**

26 **3714 Vineland Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Orlando, FL**

28 **Orlando, FL**

24 Zip

25 Country
Orange

29 Zip

30 Country
Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, ROBERT D.
1420 WESTON WOODS BLVD.
ORLANDO FL 32808**

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

Robert D. Schwartz
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

1-24-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SCHWARTZ, ROBERT D.**
STREET ADDRESS **1420 WESTON WOODS BLVD.**
CITY-STATE-ZIP **ORLANDO FL 32835**

TITLE **VP** ☐ DELETE
NAME **CARPENITO, WILLIAM F.**
STREET ADDRESS **254 ALSTON DR.**
CITY-STATE-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **Carpenito, Suzanne S.**
1.3 STREET ADDRESS **254 Alston Dr.**
1.4 CITY-STATE-ZIP **Orlando, FL 32835**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Robert D. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Schwartz

1-24-96

407-839-0816

DATE

Daytime Phone #

CR2E034 (12/95)