

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J06586 (8)**
1. Corporation Name
CUSTOM SOFTWARE APPLICATIONS, INC.



Principal Place of Business: **125 21ST AVENUE, N.E. ST. PETERSBURG FL 33704**
Mailing Address: **125 21ST AVENUE, N.E. ST. PETERSBURG FL 33704**

2. Principal Place of Business
21. Suite, Apt #, etc
22. City & State
23. Zip Country
24. Country
25. Zip
26. Mailing Address
27. Suite, Apt #, etc
28. City & State
29. Zip Country
30. Country

3. Date Incorporated or Qualified: **03/28/1986**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **59-2703979**
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

9. Name and Address of Current Registered Agent
**MCNAUGHTON, JOHN A JR
125 21ST AVE. N.E.
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature of principal officer, registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PO	
NAME	MCNAUGHTON, JOHN A JR	
STREET ADDRESS	125 21ST AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	V	
NAME	MCNAUGHTON, SHEILA B	
STREET ADDRESS	125 21ST AVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	
NAME	MCNAUGHTON, SHAWN A	
STREET ADDRESS	125 21ST AVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing was 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: *John A. McNaughton* 7/4/96 8138238279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)