

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J90917 (2)

1. Corporation Name

FISHER COMPUTER SYSTEMS INC.



Principal Place of Business

1061 LIVE OAK AVENUE, N.E.
ST. PETERSBURG FL 33703

Mailing Address

1061 LIVE OAK AVENUE, N.E.
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified

09/04/1987

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21 7901 4th ST. N.

Suite, Apt. #, etc.

22 102

City & State

23 ST PETERSBURG, FL

Zip

24 33702

Country

25 PINELLAS

2a. Mailing Address

26 7901 4th ST. N.

Suite, Apt. #, etc.

27 102

City & State

28 ST PETERSBURG, FL

Zip

29 33702

Country

30 PINELLAS

4. FEI Number

59-2846645

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

9. Name and Address of Current Registered Agent

FISHER, DONALD R
1061 LIVE OAK AVE NE
ST PETERSBURG FL 33703

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 provisions 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 new filings)

4/17/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME FISHER, DONALD R.
STREET ADDRESS 1061 LIVE OAK AVENUE, NE
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE VST
NAME FISHER, BRIAN S.
STREET ADDRESS 6838 CIRCLE CREEK DRIVE
CITY-ST-ZIP PINELLAS PARK FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 in this annual report or supplementary 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 registered agent 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C. Fisher

4/17/96

813-574-8544

CR2E034 (12/95)