


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J90917** (2)  
1. Corporation Name  
**FISHER COMPUTER SYSTEMS INC.**

Principal Place of Business <b>7901 4TH ST. N. 103 ST. PETERSBURG FL 33702</b>	Mailing Address <b>7901 4TH ST. N. 103 ST. PETERSBURG FL 33702</b>
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FILED  
97 AUG 12 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/04/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
				4. FEI Number <b>59-2846645</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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	

9. Name and Address of Current Registered Agent <b>FISHER, DONALD R 1061 LIVE OAK AVE NE ST PETERSBURG FL 33703</b>				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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P FISHER, DONALD R.</b>	12 NAME	
STREET ADDRESS	<b>1061 LIVE OAK AVENUE, NE</b>	13 STREET ADDRESS	<b>100002268931--8</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	14 CITY-ST-ZIP	<b>-08/15/97-01112-019</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>****165.00 ****165.00</b>
NAME	<b>VST FISHER, BRIAN S.</b>	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6838 CIRCLE CREEK DRIVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address.

SIGNATURE: *Donald R. Fisher* 7/2/97 8:19:57 PM

CR2E034 (4/97)

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**Fisher Computer Systems, Inc.**

7901 - 4th Street N., Suite 103

St. Petersburg, FL 33702

Phone (813) 578-8548 Fax (813) 578-5829

Email fspinfo@fcsinc.com www.fcsinc.com

**Donald R. Fisher**  
President  
dfisher@fcsinc.com

**Brian S. Fisher**  
Vice President  
bfisher@fcsinc.com

**Authorized**

Novell

Microsoft  
OEM Partner

ARMOR Systems  
Support Reseller

Vision Technologies

Hewlett Packard

APC  
American Power Conversion

Western Digital  
Eagle Partner

July 21, 1997

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32301

To whom it may concern:

To my knowledge I never received the first notice. I called and explained and was told to enclose a letter stating that fact.

If you require any additional information, please let me know.

Thank you for your assistance in this matter.

Sincerely,

Donald R. Fisher  
President

**Member :**

Better Business Bureau of  
West Florida, Inc.

St. Petersburg Area  
Chamber of Commerce

Network Professional  
Association