

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K67967 (5)**

1. Corporation Name  
**CSI SOFTWARE, INC.**



Principal Place of Business Mailing Address  
**2477 STICKNEY POINT ROAD #107B SARASOTA FL 34231 US**

3. Date Incorporated or Qualified **02/23/1989** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **4121 CENTER GATE BLVD** 26 **5824 BEE RIDGE RD**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 304** 27 **SUITE 304**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 **SARASOTA FL** 28 **SARASOTA FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
24 **34233 USA** 25 **USA** 29 **34233 USA** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, GARY R.  
2477 STICKNEY POINT ROAD  
#107B  
SARASOTA FL 34231**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4121 CENTER GATE BLVD**  
83  
84 City **SARASOTA FL** 85 Zip Code **34233**

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 *Gary Davis* **GARY DAVIS** **4/15/97**  
Signature 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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, GARY R.</b>	1.2 NAME	
STREET ADDRESS	<b>4112 VALLARTA CT</b>	1.3 STREET ADDRESS	<b>4121 CENTER GATE BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WENDY</b>	2.2 NAME	
STREET ADDRESS	<b>4112 VALLARTA CT</b>	2.3 STREET ADDRESS	<b>4121 CENTER GATE BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>
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 on an attachment with an address.

SIGNATURE: *Gary Davis* **GARY DAVIS** **4/15/97** **(941) 371-3123**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)