FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

(1)

FILED
97 JUL 10 AM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

FOR PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L75498 (0)

1. Corporation Name
COMPUTER FORMS SPECIALISTS, INC.

Principal Place of Business	Mailing Address
7600 DR PHILLIPS BLVD SUITE 2-96 ORLANDO FL 32819	7600 DR PHILLIPS BLVD SUITE 2-96 ORLANDO FL 32819-7231

3. Date Incorporated or Qualified: 05/22/1990
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3012127 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRISTACHI, DEBRA JEAN
540 ALPINE ST E
ALTAMONTE SPRINGS FL 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRISTACHI, DEBRA JEAN		1.2 NAME	
STREET ADDRESS	540 ALPINE ST E		1.3 STREET ADDRESS	400002237654--1
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP	-07/14/97--01167--003
				****173.75 ****173.75
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRISTACHI, TEODORO		2.2 NAME	
STREET ADDRESS	540 ALPINE ST E		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

7-11-97

7-7-97

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.

4/15/97

COMPUTER FORMS SPECIALISTS, INC.

To whom it may concern. 7-7-97

I am sending a copy of my original annual report that was mailed April 15, 1997. I enclosed check # 3333 for the amount of $173.75 to include 1 year renewal and $8.75 for a certificate copy.

I called 7-7-97 to find out why I didn't get my copy. I spoke with Cheryl at Division of Annual Reports who stated she had no record. She then informed me to make a copy of my original copy and to resign copy and issue new check. Please call if there are any questions

Thank You

Debra Jean Frisinghi

DEBRA JEAN FRISINGHI

PRESIDENT

7600 Dr. Phillips Boulevard • Suite 2, Box 96 • Orlando, Florida 32819 • Phone (407) 682-2002