


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

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M29046(3)			
1. Corporation Name Computerized Information Center Services Corporation 5951 Bayview Drive STE 209 Fort Lauderdale, FL 33308-2739			
Principal Place of Business 5951 Bayview Drive #209 Fort Lauderdale, FL 33308-2739		Mailing Address 195 Chadwick Road TEANECK, NJ 07666	
2. Principal Place of Business 21 5951 Bayview Drive Suite, Apt. #, etc. 22 #209 City & State 23 Fort Lauderdale, FL Zip 24 33308		2a. Mailing Address 26 195 CHADWICK ROAD Suite, Apt. #, etc. 27 City & State 28 TEANECK NJ Zip 29 07666	
3. Date Incorporated or Qualified 03/18/1986		3a. Date of Last Report 05/01/1995	
4. FEI Number 650365623		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHATTENTON, ADRIANE 5951 Bayview Drive #209 Fort Lauderdale, FL 33308-2739		10. Name and Address of New Registered Agent 81 Name CHATTENTON, ADRIANE 82 Street Address (P.O. Box Number is Not Acceptable) 83 5951 Bayview Drive 84 #209 City 85 Fort Lauderdale FL 85 Zip Code 33308	
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: <i>Adriane Chatterton</i> 4/26/96			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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 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: <i>Adriane Chatterton</i> 4/26/96 800-275 2427 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Eugene Phone #			

CR2E034 (12/95)