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Mar 31 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 # P93000044245 (7)

1. Corporation Name
LCS COMPUTER SERVICES CORPORATION



Principal Place of Business
400 EAST 55TH STREET #1B
NEW YORK NY 10022

Mailing Address
5894 N.W. 25TH COURT
BOCA RATON FL 33496-2229

3. Date Incorporated or Qualified 06/23/1993
3a. Date of Last Report 02/02/1996

2. Principal Place of Business
21 2211 SW 60th Court
Suite, Apt #, etc
22 Miami, FL
City & State
23 33155
Zip Country
24 25
2a. Mailing Address c/o Jerry H.
26 Shustek, CPA, 230 Park Ave
Suite, Apt. #, etc.
27 New York, NY
City & State
28 10169
Zip Country
29 30

4. FEI Number 11-3166857
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHUSTEK, JERRY H CPA
5894 N.W. 25TH COURT
BOCA RATON FL 33496

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
TITLE P DELETE
NAME SHUSTEK, STEFANIE
STREET ADDRESS 420 EAST 55TH STREET #1B
CITY-ST-ZIP NEW YORK NY 10022
TITLE Shustek, Stefanie DELETE
NAME
STREET ADDRESS 2211 SW 60th Court
CITY-ST-ZIP Miami, FL 33155
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
900002128279
-03/31/97--01004--026
***165.00

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 the laws of the State of Florida. 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/16/97 DAYTIME PHONE: 212-986-2500

CR2E034 (9/96)