

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candace B. Marshall  
Secretary of State  
200 North Capitol Street, S.W.  
Tallahassee, Florida 32304

**APPROVED  
AND  
FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000009469 (5)**

**CAMBRIDGE SAN JOSE, INC.**

Principal Office Location  
**1412 W. COLONIAL DR.  
ORLANDO FL 32804**

Alternate Office Location  
**1412 W. COLONIAL DR.  
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date incorporated or created<br><b>02/04/1994</b>                                                                                               | 3a. Date of last report               |
| 4. FED Number<br><b>59-3243728</b>                                                                                                                 | Approved For<br>Not Applicable        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                          | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                 | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under S. 199.030<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                  |                                        |
|----------------------------------|----------------------------------------|
| 21. Please Add:<br><b>Sk 200</b> | 2a. Minority Address:<br><b>Sk 200</b> |
| 22. <b>Sk 200</b>                | 27. <b>Sk 200</b>                      |
| 23. <b>Sk 200</b>                | 28. <b>Sk 200</b>                      |
| 24. <b>Sk 200</b>                | 29. <b>Sk 200</b>                      |
| 25. <b>Sk 200</b>                | 30. <b>Sk 200</b>                      |

**9. Name and Address of Current Registered Agent**

**\*CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| 81. Name<br><b>Jacqueline Coscia</b>                                                    |
| 82. Street Address or P.O. Box Number (if Not Applicable)<br><b>1412 W. Colonial Dr</b> |
| 83. <b>Sk 200</b>                                                                       |
| 84. City<br><b>Orlando</b>                                                              |
| FL 85 <b>32804</b>                                                                      |

11. Pursuant to the provisions of Sections 607.04(1), and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am further authorized to accept the obligations of Section 607.04(1), Florida Statutes.

SIGNATURE: *Jacqueline Coscia*  
By \_\_\_\_\_, Secretary of State

**4/25/95**

| 12. OFFICERS AND DIRECTORS                             |                    | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12            |  |
|--------------------------------------------------------|--------------------|-------------------------------------------------------------------|--|
| 1. NAME<br><b>Pres Jacqueline Coscia</b>               | 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 2. STREET ADDRESS<br><b>1412 W. Colonial Dr Sk 200</b> | 2. STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 3. CITY<br><b>Orlando FL 32804</b>                     | 3. CITY            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 4. NAME                                                | 4. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 5. STREET ADDRESS                                      | 5. STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 6. CITY                                                | 6. CITY            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 7. NAME                                                | 7. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 8. STREET ADDRESS                                      | 8. STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 9. CITY                                                | 9. CITY            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 10. NAME                                               | 10. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11. STREET ADDRESS                                     | 11. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12. CITY                                               | 12. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 13. NAME                                               | 13. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 14. STREET ADDRESS                                     | 14. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 15. CITY                                               | 15. CITY           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true, and qualify for this certificate as stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am qualified to perform the duties of a registered agent for the corporation and that my signature shall have the same legal effect as if made under oath. I am qualified to perform the duties of a registered agent for the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jacqueline Coscia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/95 407-422-3080**