

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:17

DOCUMENT # P94000029043 (4)

1. Corporation Name

CALYPSO INTERNATIONAL, INC.

Principal Place of Business
1472 GOLDEN GATE PKWY
NAPLES FL 33940

Mailing Address
1472 GOLDEN GATE PKWY
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0491754
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: 265 HATHORPE LANE
27. Suite, Apt. #, etc.: VILANOVA
28. City & State: PA
29. Zip: 19085
30. Country: USA

9. Name and Address of Current Registered Agent
THOMPSON, MARY E
1472 GOLDEN GATE PKWY
NAPLES FL 33940

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 607.0506, Florida Statutes.

SIGNATURE: *Mary E. Thompson* (Registered Agent) and *James W. Thompson* (Director)
DATE: 6/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT - TREASURER	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: MARY ELLEN THOMPSON	1.2 NAME		
STREET ADDRESS: 265 HATHORPE LANE	1.3 STREET ADDRESS		
CITY, ST, ZIP: VILANOVA PA 19085	1.4 CITY, ST, ZIP		
TITLE: VP PRES - SEC	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: JAMES W. THOMPSON	2.2 NAME		
STREET ADDRESS: 265 HATHORPE LANE	2.3 STREET ADDRESS		
CITY, ST, ZIP: VILANOVA PA 19085	2.4 CITY, ST, ZIP		
TITLE:	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:	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:	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:	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 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 included in 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: *James W. Thompson* (Director) and *Mary E. Thompson* (Registered Agent)
DATE: 6/22/95

CR2E034 (3/95)