

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 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 # P94000029043 (4)**

1. Corporation Name  
**CALYPSO INTERNATIONAL, INC.**



Principal Place of Business

**1472 GOLDEN GATE PKWY  
NAPLES FL 33940 34105**

Mailing Address

**265 HOTHORPE LANE  
VILLANOVA PA 19085-1115  
US**

3. Date Incorporated or Qualified **04/14/1994** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip **34105** 25 Country

2a. Mailing Address

26 **609 Foxfields Rd**

27 Suite, Apt. #, etc.

28 **Bryn Mawr, PA** 29 Zip **19010** 30 Country **USA**

4. FEI Number **65-0491754** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **FL** 85 Zip Code **34105**

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

Signature (typed or printed name of registered agent) and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **PT**  
NAME **THOMPSON, MARY ELLEN**  
STREET ADDRESS **265 HOTHORPE LANE**  
CITY - ST - ZIP **VILLANOVA PA**

TITLE **VPS**  DELETE  
NAME **THOMPSON, JAMES N**  
STREET ADDRESS **265 HOTHORPE LANE**  
CITY - ST - ZIP **VILLANOVA PA**

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  Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **609 Foxfields Rd.**  
1.4 CITY - ST - ZIP **Bryn Mawr, PA 19010**

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

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.

SIGNATURE: *Mary E Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 610.525.4132  
Date Daytime Phone #

CR2E034 (9/96)