

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
1000 BANK BUILDING
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **P94000032650 (1)**

1. Filing Office Name

CORPORATE SYSTEM INTEGRATION, INC.

7/1/95 JUN 29

1000 BANK BUILDING
TALLAHASSEE, FLORIDA

1004 RAGSDALE ROAD
OVIEDO FL 32765-7022

1004 RAGSDALE ROAD
OVIEDO FL 32765-7022

DATE WHEN IN THE OFFICE

3. Date of Appointment or Reappointment

3a. Date of Last Report

04/29/1994

2. Principal Office Address	2b. Mailing Address	4. FIC Number	Applied For
21 120 UNIVERSITY PARK DR. State Apt # 100	25 120 UNIVERSITY PARK DR. State Apt # 100	59-3243608	Not Applicable
22 # 100	27 # 100	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 WINTER PARK, FL	28 WINTER PARK, FL	6. Election Campaign Financials	\$5.00 May Be Added to Fees
24 3279Z	25 U.S.A.	29 3279Z	30 U.S.A.
6. Other corporations controlled by the filer		7. Filer's Tax Status (1995)	
Florida Statute		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROKAW, DAVID B
1004 RAGSDALE ROAD
OVIEDO FL 32765-7022

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
120 UNIVERSITY PARK DR.
83 # 100
84 City
WINTER PARK
85 Zip Code
FL 32792

11. Pursuant to the provisions of Sections 607.06(1) and 607.11(1)(b), 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 607.06(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Printed Name of Registered Agent)

Signature of Registered Agent (Printed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BROKAW, DAVID B	1. NAME	
STREET ADDRESS	1004 RAGSDALE ROAD	1.1 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL 32765-7022	1.1 CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	BROKAW, EVE M	2. NAME	
STREET ADDRESS	1004 RAGSDALE ROAD	2.1 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL 32765-7022	2.1 CITY, ST, ZIP	
TITLE	D	3. TITLE	☐ Change ☐ Addition
NAME	GANDY, LEE	3. NAME	
STREET ADDRESS	1889 DELEON STREET	3.1 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL 32765	3.1 CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY, ST, ZIP		4.1 CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY, ST, ZIP		5.1 CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY, ST, ZIP		6.1 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in law from filing this report. I further certify that the information included 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. This filing is effective as of the date of the corporation or the receipt of proper employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the block 1 of the block 1 of the report or on the affidavit with my address.

SIGNATURE: *David Brokaw* DAVID BROKAW
SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR

4/30/95

407-679-5739