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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 13 1997 8:00am

Secretary of State

Change

500002267885 -08/15/97--01004--001 Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044231 (6)

CSI DALLAS, INC.

TITLE

NAME

STREET ADDRESS

Principal Place of Business					Mailing Address					{	44 BEFUT UNDU	01314 1/000 HI	DI (181 1981	
515 E LAS OLAS BLVD SUITE 1600 FT LAUDERDALE FL 33301				S	515 e las olas blvd Suite 1600 Ft Lauderdale fl 33301-2268				İ					
					·					3. Date Incorporated or Qualified 06/14/1994		te of Last F 07/1996	leport	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			oplied For	
21					26					65-0505629			ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	X	· -	Additional equired	
22 City & State					City & State					6 Floriton Companion Financia				
23					28					6. Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees	
Zip	Cip Country							Country		8. This corporation has liability for				
24	25			29	¬ '			-		Florida Statutes				
9. Name and Address of Current										10. Name and Address of New Registered Agent				
BEIL			81		Name									
790 E BROWARD BLVD							82		Street Addres	ess (P.O. Box Number is Not Acceptable)				
SUITE 200											·			
FT LAUDERDALE FL 33301														
									City		FL	111	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.													ts registered registered	
SIGNATURE Signature, typed or printed name of registered against and title if applicable. (NOTE, Registered Ag											DATE			
12.	OFFICERS AND							ent:	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TITLE	DPST							1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	REITER, WILLIAM M				1.2 M			1.2 NAME						
STREET ADDRESS 515 E LAS OLAS BLVD SUITE					1.33			T AD	DRESS					
CITY-ST-ZIP	FT LAUD	ERDAL	E FL 33301					ST-Z	ZIP]					
TITLE	DV				DELETE 2.							Change	Addition	
NAME	REITER,				2.2 NA			1						
STREET ADDRESS	515 E L	1600		_ [:	23 STREFT	I AD	DRESS							
CITY-ST-ZIP	FT LAUD	ERDAL	E FL 33301				2. 4 CITY-	\$1-	ZIP					
TITLE	DELETE 3.											Change	☐ Addition	
NAME							3.2 NAME							
STREET ADDRESS						_ [:	3.3 STREET	T AD	DRESS					
CITY-ST-ZIP	<u> </u>				Dograf		3.4 CITY - 4.1 TITLE	S 1-	ZIP			T - 21	- C 1995	
TITLE	DELETE											Change	☐ Addition	
NAME							4. 2 NAME							
STREET ADDRESS						1	4 3 STREET		i					
CITY-ST-ZIP TITLE								TITLE				Change	Addition	
NAME												- Vilango	ሰረ	
STREET ADDRESS							5.2 name 5.3 street	T AD	indices				Y" 13	
CITY-ST-ZIP													811	
CHT-SI-ZW							5.4 CITY - 5	21-5	LIP (l	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190/45/ft, Profes 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE