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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000090497 (6) DOCUMENT #
1. Corporation Name

CUSTOM BRAILLE SERVICE, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business 2611 S.E. WESTMORELAND BLVD. PORT ST LUCIE FL 34952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

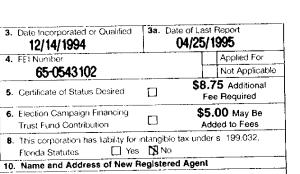
2a. Mailing Address

City & State

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Suite, Apt. #, etc.

2611 S.E. WESTMORELAND BLVD. PORT ST LUCIE FL 34952



81 Name Street Address (P.O. Box Number is Not Acceptable) GRENIER, PETER 2611 S.E. WESTMORELAND BLVD. PORT ST LUCIE FL 34952

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	03				
	84	City	FL	B 5	Zip Code
abc	ve-r	named corporation submits this statement for the purp	ose of chan	ging	its registered office

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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12.	ignature, typod or switted dame of reposters, later Land Disc happ? OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 1 11TLF	Change Addition
NAME	GRENIER, PETER		1.2 NAME	
STREET ADORESS	2611 S.E. WESTMORELAND BLVD.		1.3 STREET ADORESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY - ST - ZIP	
TITLE	DST	DELETE	2 1 TITLE	Change Addition
NAME	GRENIER, MARILYN		2.2 NAME	
STREET ADDRESS	2611 S.E. WESTMORELAND BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		2.4.0(TY ST-ZIP	Change Addition
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CHY+S1+70F	Change Addition
TITLE		□ DELETE	4 1 T TLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET AE/DRESS	
CITY - ST - ZIP			4.4 CHY+ST+2(P	☐ Change ☐ Additio
TITLE		☐ DELETE	5 11 TUF	Oldings radios
NAMÉ			5.2 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	Change Additio
TITLE		☐ DETEIF	6 1 TiTLE	onarge Notitio
NAME			6.2 NAMÉ	
STREET ADDRESS			6.3 STREET ADDRESS	
0:Ev CT 7:0			6.4 CITY - S1 - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exeruption stated in Section 119.07(3)(k). 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 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 certify 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.

a. Letter L. Grenier