

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000038974 (8)
 Corporation Name

BELISLE SYSTEMS, INC.



Principal Place of Business: 3001 EAST LAND BLVD. SUITE 6-B CLEARWATER FL 34621
 Mailing Address: 3001 EAST LAND BLVD. SUITE 6-B CLEARWATER FL 34621

3. Date Incorporated or Qualified: 05/17/1995
 3a. Date of Last Report: [Blank]
 4. FEI Number: 59-3315267 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. 199.03? Florida Statutes: [] Yes [X] No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 2519 N. MC MULLEN BOOTH RD Suite, Apt. #, etc. #510-346
 22. City & State: 27 CLEARWATER, FL
 23. Zip: 24 34621-4173 Country: 25 Country: 29 PHELLAS 30

9. Name and Address of Current Registered Agent

BELISLE, CAROL J
 3001 EASTLAND BLVD. 6B
 CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: [Blank]
 82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83 [Blank]
 84 City: [Blank] FL 85 Zip Code: [Blank]

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	BELISLE, CAROL J	[] Change [] Addition	[] Change [] Addition
49238 LAKEVIEW DRIVE	PALM HARBOR FL 34883	13 STREET ADDRESS	14 CITY - ST - ZIP
[] DELETE	[] DELETE	21 TITLE	22 NAME
[] DELETE	[] DELETE	23 STREET ADDRESS	24 CITY - ST - ZIP
[] DELETE	[] DELETE	31 TITLE	32 NAME
[] DELETE	[] DELETE	33 STREET ADDRESS	34 CITY - ST - ZIP
[] DELETE	[] DELETE	41 TITLE	42 NAME
[] DELETE	[] DELETE	43 STREET ADDRESS	44 CITY - ST - ZIP
[] DELETE	[] DELETE	51 TITLE	52 NAME
[] DELETE	[] DELETE	53 STREET ADDRESS	54 CITY - ST - ZIP
[] DELETE	[] DELETE	61 TITLE	62 NAME
[] DELETE	[] DELETE	63 STREET ADDRESS	64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] ORIGINAL OFFICER OR DIRECTOR
 8-5-96 813 291-8877

CR2E034 (3/96)