

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000057230 (1)**

1. Corporation Name

CSI MANAGEMENT SERVICES ORGANIZATION, INC.

RECEIVED
MAY 22 AM 9:40
DIVISION OF STATE
CORPORATIONS

Principal Place of Business: **515 EAST LAS OLAS BLVD., SUITE 1600 FT. LAUDERDALE FL 33301**
Mailing Address: **515 EAST LAS OLAS BLVD., SUITE 1600 FT. LAUDERDALE FL 33301**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report
4. FEI Number: **65-0526421**
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

**BEILLY, BRADFORD J
790 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip 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.

SIGNATURE: *[Signature]*

Signature of Registered Agent

Signature of Registered Agent

[Signature]

FL

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REITER, WILIAM M	
STREET ADDRESS	515 EAST LAS OLAS BLVD., SUITE 1600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REITER, MARVIN L	
STREET ADDRESS	515 EAST LAS OLAS BLVD., SUITE 1600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LOARIE, SUSANNE	
STREET ADDRESS	515 EAST LAS OLAS BLVD., SUITE 1600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	W. DOUGLAS KAHN	
13 STREET ADDRESS	515 East Las Olas Boulevard	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
21 TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BEILLY, BRADFORD J.	
23 STREET ADDRESS	790 E. Las Olas Boulevard, Ste. 1600	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

*[Handwritten: 400001915224 -08/07/96--01046--001 ***2796.25]*

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **Bradford J. Beilly** *[Handwritten: 6/7/96 954 766 2552]*

CR2E034 (12/95)