

2-10-97 B-1586 C  
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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000068998 (0)

1. Corporation Name

CUSTOM INFORMATION SERVICES, INC.

Principal Place of Business

18330 CYPRESS VIEW WAY  
TAMPA FL 33647

Mailing Address

18330 CYPRESS VIEW WAY  
TAMPA FL 33647-1817



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3505 FRONTAGE RD		26 3505 FRONTAGE RD		09/07/1995		03/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 SUITE 360		27 SUITE 360		59-3339655		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23 TAMPA FL		28 TAMPA FL		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 33607	25 USA	29 33607	30 USA				

9. Name and Address of Current Registered Agent

BROUGHTON, DONALD E  
18330 CYPRESS VIEW WAY  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SMART, JAY R	1.1 TITLE	D BROUGHTON, LINDA M
NAME	1448 HAVERHILL DRIVE	1.2 NAME	18330 CYPRESS VIEW WAY
STREET ADDRESS	NEW PORT RICHEY FL 34655	1.3 STREET ADDRESS	TAMPA, FL 33647
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BROUGHTON, DONALD E	2.1 TITLE	
NAME	18330 CYPRESS VIEW WAY	2.2 NAME	
STREET ADDRESS	TAMPA FL 33647	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

*Donald E. Broughton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97 813-288-9889

Date

Daytime Phone #

CR2E034 (9/96)