

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

FILED

Feb 06 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 # P96000000067 (4)
1. Corporation Name
COMPUTERIZED SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
7523 SEURAT ST. #103 7523 SEURAT ST. #103
ORLANDO FL 32819 ORLANDO FL 32819-7330

3. Date Incorporated or Qualified 12/22/1995 3a. Date of Last Report 05/01/1996
4. FEI Number 59-3350658 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

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

9. Name and Address of Current Registered Agent

BROWN, JAMES L
7523 SEURAT ST. #103
ORLANDO FL 32819

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 <input type="checkbox"/> DELETE	11 TITLE	D/P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES L	12 NAME	Brown, James L.
STREET ADDRESS	7523 SEURAT ST. #103	13 STREET ADDRESS	7523 Seurat St. #103
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	Orlando, FL 32819
TITLE	P <input checked="" type="checkbox"/> DELETE	21 TITLE	D/VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN LAMES L.	22 NAME	Brown, Jill L.
STREET ADDRESS	7523 SEURAT ST. #103	23 STREET ADDRESS	7523 Seurat St. #103
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JILL L.	3.2 NAME	
STREET ADDRESS	7523 SEURAT ST. #103	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES L.	4.2 NAME	
STREET ADDRESS	7523 SEURAT ST. #103	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JILL L.	5.2 NAME	
STREET ADDRESS	7523 SEURAT ST. #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JILL L.	6.2 NAME	
STREET ADDRESS	7523 SEURAT ST. #103	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: *Jill L. Brown* *James L. Brown* 30 Jan 97 (407) 246-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)