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Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062053 (9)

1. Corporation Name
OFFICE COMPUTER SERVICE, INC.



Principal Place of Business 565 S EDGEWOOD AVE JACKSONVILLE FL 32205	Mailing Address 565 S EDGEWOOD AVE JACKSONVILLE FL 32205-5332
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2. Principal Place of Business 21 565 S. EDGEWOOD AVE Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/23/1996	3a. Date of Last Report None
22 City & State 23 JACKSONVILLE, FL USA	27 City & State 28	4. FEI Number 59-3400817	Applied For Not Applicable
24 32205	25 USA	29	30
9. Name and Address of Current Registered Agent BONAR, BARBARA 565 S EDGEWOOD AVE JACKSONVILLE FL 32205		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
			FL	

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 an officer or director and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. PROPOSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY - ST - ZIP		1.4 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY - ST - ZIP		2.4 CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: Sandra B. Mortham 2/15/97 904-389-6700
DATE: _____ TELEPHONE: _____

CR2E034 (9/96)