FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 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 # P96000062791 (4)

1. Corporation Name
COMPUTER TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 21234
WEST PALM BEACH FL 33416

Mailing Address
P.O. BOX 21234
WEST PALM BEACH FL 33416-1234

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:

4. FEI Number: [X] 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 [X] No

2. Principal Place of Business
21 9568 Cypress Park Way
Suite, Apt #, etc.
22 Boynton Bch, FL
City & State
23 33437 Zip — USA Country
24 — 25

2a. Mailing Address
26 9568 Cypress Park Way
Suite, Apt #, etc.
27 Boynton Bch, FL
City & State
28 33437 Zip — USA Country
29 — 30

9. Name and Address of Current Registered Agent
WAITE, BRIAN
2111 BRANDYWINE RD.
APT. 712
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name: Brian Waite
82 Street Address (P.O. Box Number is Not Acceptable): 9568 Cypress Park Way
83
84 City: Boynton Beach FL 85 Zip Code: 33437

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] CEO — DATE 4/23/97

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Brian Waite	
STREET ADDRESS	9568 Cypress Park Way	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/95)

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 report or supplemental 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: [signature] 4/23/97 561-994-1250