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Apr 11 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 # P96000064669 (0)  
1. Corporation Name  
COMPUTER INFORMATION SYSTEM SPECIALISTS, INC.



Principal Place of Business  
200 E ROBINSON ST STE 500  
ORLANDO FL 32801

Mailing Address  
200 E ROBINSON ST STE 500  
ORLANDO FL 32801-1917

2. Principal Place of Business  
21 2299 Pebblewood Dr.  
22 Suite, Apt. #, etc.  
23 City & State Apopka FL  
24 Zip 32703 25 Country ORANGE  
26 Mailing Address P.O. Box 607040  
27 Suite, Apt. #, etc.  
28 City & State Orlando FL  
29 Zip 32860-7040 30 Country ORANGE

3. Date Incorporated or Qualified 08/02/1996  
3a. Date of Last Report  
4. FEI Number 59-3401168  
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

FIGUEROA, JOSE E  
6216 ALL AMERICAN BLVD  
ORLANDO FL 32810

10. Name and Address of New Registered Agent  
81 Name FIGUEROA Jose E.  
82 Street Address (P.O. Box Number is Not Acceptable) 2299 Pebblewood Dr.  
83  
84 City Apopka FL 85 Zip Code 32703

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 Jose E. Figueroa

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D ☐ DELETE  
NAME FIGUEROA, JOSE E  
STREET ADDRESS 6216 ALL AMERICAN BLVD  
CITY-ST-ZIP ORLANDO FL 32810  
TITLE D ☐ DELETE  
NAME VILLAFANE, ROY  
STREET ADDRESS 6216 ALL AMERICAN BLVD  
CITY-ST-ZIP ORLANDO FL 32810  
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 Vice-President / Sec. / Director ☒ Change ☐ Addition  
1.2 NAME FIGUEROA Jose E.  
1.3 STREET ADDRESS 2299 Pebblewood Dr.  
1.4 CITY-ST-ZIP Apopka FL 32703  
2.1 TITLE VP / Asst. Sec. / Director ☒ Change ☐ Addition  
2.2 NAME Villafane Roy  
2.3 STREET ADDRESS 2299 Pebblewood Dr.  
2.4 CITY-ST-ZIP Apopka FL 32703  
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97 (407) 886-0012

Date

Daytime Phone #

CR2E034 (9/96)