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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND T



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000084437 (8)

CUSTOM SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 902 CLINT MOORE ROAD, SUITE 208 902 CLINT MOORE ROAD, SUITE 208 **BOCA RATON FL 33487-2846 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 3a. Date of ast Report 10/11/1996 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name amerilawyer Chartered 343 ALMERIA AVENUE 82 Not Acceptable CORAL GABLES FL 33134 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 (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PSD den DELETE Change Addition LILL 1 1 TITLE - Moore Rd 208 BAUGH, CLARENCE L 1.2 NAME CR2E034 902 CLINT MOORE ROAD, SUITE 208 1.3 STREET ADDRESS STREET ACCIRESS **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CHY-ST-26 DELETE Change Addition 2.1 TITLE 70Tr E 22 NAME NAME Int-moore RA STREET ADDRESS 2.3 STREET ADDRÉSS 2 4 CITY-ST-ZIP CITY-\$1-7.5 DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 329*0*4 3.4. CITY-ST-ZIP CITY-ST-7IF DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CHTY-ST-Z-P DELETE Change Addition TiTLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CiTY - ST - ZIP DELETE 6.1 TITLE Change Addition THE 6.2 NAME NAME 6 3 STREET ADORESS

64 CITY-ST-ZIP

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

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