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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997

DOCUMENT # P96000095729 (5)

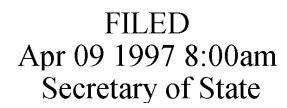
CUSTOMER ADVANTAGE, INC.

Principal Place of Business 20059 U.S. HIGHWAY 19 NORTH SUITE 100

Mailing Address

28059 U.S. HIGHWAY 19 NORTH

SUITE 100





ULEARWATER P	'L J9021	OLEANWAIEN PL 34021-2020				
CLEANWAIEN FL 34021				3. Date incorporated or Qualified 11/21/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
	ST ANDREW DRIVE		DREW DRIVE	59-3416656	Not Applicable	
22				5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State : 28 BELLEAIR 28		City & State BELLEAIR	,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ <b>24 FL</b>	Country <b>25 34616</b>	Zip 29 FL	Country 30 34616	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes <b>X</b> No	
	g. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New Re	gistered Agent	
CAR	LISLE, DANIEL W		81 Name			
	ST. ANDREW DRIVE		92 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	EAIR FL 34616		oz Street Address (F.O. box Northber is Not Acceptable)			
			83	1		
			84 City		FL 85 Zip Code	
44 (0. 40. 10.1)	the pre in one of Coeffice CO7 0500	and CO7 1EOC Florida Ctabili	as the shows somed so	and the submite this statement for the		
office or i agent I a	registered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a tions of, Section 607.0505, Fk	authorized by the corpor orida Statutes.	orporation submits this statement for the pration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Signature, typest or phyted name of registered ager	Land lide if applicable INOT	E: Registered Agent eignature req	guired when reinstaling)	OATE	
12.	OFFICERS AND	DIFIECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
THEF	DPST	☐ DELETE	1.1 TITLE		Change Addition	
NAM}	DANIEL W. CARLISLE		1.2 NAME		1	
STREET ADDRESS	426 ST ANDREW DRIVE		1.3 STREET ADDRESS			
CITY-ST-Zif*	BELLEAIR FL 346	16	1.4 CITY-ST-ZIP			
1011.6		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME	1		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY ST-ZIP			2. 4 CITY - ST - ZIP			
1004		☐ DELETÉ	3.1 TITLE		Change  Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	*		
City - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST-ZIF			4.4 CITY - ST - ZIP			
JULE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET AFTORESS			5 3 STREET ADDRESS			
City SI-72			5 4 CITY-ST-ZIP			
TiftE		DELETE	6 1 TITLE	- Land Control of the	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIF			6.4 CITY-ST-ZIP			
	l			.,		

14. Ido 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

CARLISLE,