


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 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 # S10001 (3)
1. Corporation Name
CONTROL SOLUTIONS INC - ATLANTIC

Principal Place of Business 7676 SOUTHLAND SUITE 107 ORLANDO FL 32809 US	Mailing Address 1770 MASON MORROW SUITE 107 LEBANON OH 45036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5517 Force Four Pkwy. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32839 Country 25 US	2a. Mailing Address 26 631 E. Butterfield Suite, Apt. #, etc. 27 Suite 314 City & State 28 Lombard, IL Zip 29 60148 Country 30 US	3. Date Incorporated or Qualified 10/26/1990 3a. Date of Last Report 07/25/1996 4. FEI Number 59-3038051 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CRAIGMILE, JEFFREY S.
ONE DUPONT CENTRE, SUITE 2180
390 NORTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	HOUSH, RICHARD D.	1.2 NAME	Biskup, George A.
STREET ADDRESS	9390 WHITE ROSE COURT	1.3 STREET ADDRESS	1417 Ambleside Circle
CITY-ST-ZIP	LOVELAND OH	1.4 CITY-ST-ZIP	Naperville, IL 60540
TITLE	D	2.1 TITLE	V/S
NAME	HAUSER, HOWARD W.	2.2 NAME	Phillips, Leslie
STREET ADDRESS	1772 CORAL WAY NORTH	2.3 STREET ADDRESS	1224 Ardmore Dr.
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Naperville, IL 60540
TITLE	D	3.1 TITLE	
NAME	PRODES, BUENA VENTURA	3.2 NAME	
STREET ADDRESS	2045 CROSSHAIR CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

8-25-97

Date

Daytime Phone # 0118487

CR2E034 (4/97)