
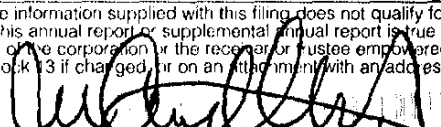


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 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 # S11944 (3)					
1. Corporation Name DA VINCI SYSTEMS, INC.					
Principal Place of Business 5410 NW 33RD AVE SUITE 100 FT. LAUDERDALE FL 33309			Mailing Address 5410 NW 33RD AVE SUITE 100 FT. LAUDERDALE FL 33309-6347		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1990	
21		26		3a. Date of Last Report 02/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0225649	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 re-nating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D		1.1 TITLE	
NAME		CADY, ROGER C.		1.2 NAME	
STREET ADDRESS		34 MITCHELL GRANT WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP		BEDFORD MA		1.4 CITY-ST-ZIP	
TITLE		P		2.1 TITLE	
NAME		ARBUTHNOT, MICHAEL D		2.2 NAME	
STREET ADDRESS		3234 NW 60TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP		BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE		TS		3.1 TITLE	
NAME		HERTZ, ROBERT H.		3.2 NAME	
STREET ADDRESS		8 NASH		3.3 STREET ADDRESS	
CITY-ST-ZIP		ACTION MA		3.4 CITY-ST-ZIP	
TITLE		D		4.1 TITLE	
NAME		RENO, JOHN F		4.2 NAME	
STREET ADDRESS		31 PROSPECT STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP		WINCHESTER MA		4.4 CITY-ST-ZIP	
TITLE		AS		5.1 TITLE	
NAME		O'DELL, EDWARD T. J		5.2 NAME	
STREET ADDRESS		% GOODWIN PROCTER & HOAR EXCHANGE PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP		BOSTON MA		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					



CR2E034 (9/96)

1/22/97

954-484-8000