

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 #20.

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08 1996 8:00 am
Secretary of State

DOCUMENT # J46369 (1)

1. Corporation Name
COMPUTER PROFESSIONALS, INC.



Principal Place of Business: **54 MARINA ROAD LAKE WYLIE SC 29710 US**
Mailing Address: **54 MARINA ROAD LAKE WYLIE SC 29710 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip: **29710** Country [24]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip: **29710** Country [29] [30]

3. Date Incorporated or Qualified: **12/10/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0000600** 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**TOM HOSKCO
4900 NORTH OCEAN BLVD
SUITE 406
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City [85] Zip Code **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HOSKCO, THOMAS E.	
STREET ADDRESS	54 MARINA ROAD	
CITY-STATE-ZIP	LAKE WYLIE SC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETTENGILL, PATRICK	
STREET ADDRESS	54 MARINA RD.	
CITY-STATE-ZIP	LAKE WYLIE SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TETTERTON, PHILIP	
33 STREET ADDRESS	54 MARINA ROAD	
34 CITY-STATE-ZIP	LAKE WYLIE, SC 29710	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)