

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:01

DOCUMENT # F15382 (7)

1. Corporation Name
COMPUSOFT SERVICES, INC.

Principal Place of Business Mailing Address
18 KEITH HILL RD. **18 KEITH HILL RD.**
BOX 258 **BOX 258**
GRAFTON MA 01519 **GRAFTON MA 01519**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <i>587 Brightview Drive</i>		26 <i>PO Box 952677</i>		<i>01/20/1981</i>	<i>04/20/1994</i>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 <i>Lake Mary, FL</i>		28 <i>Lake Mary, FL</i>		<i>59-2114506</i>	<input type="checkbox"/> Not Applicable
24 <i>32746</i>	25 <i>SEMINOLE</i>	29 <i>32795</i>	30 <i>SEMINOLE</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
		6. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TICKNOR, ERNEST J. 1480 S. LYNDELL DRIVE KISSIMMEE FL 34741				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICKNOR, THOMAS E	1 2 NAME	
STREET ADDRESS	18 KEITH HILL RD.	1 3 STREET ADDRESS	<i>587 Brightview Dr</i>
CITY - ST - ZIP	GRAFTON MA	1 4 CITY - ST - ZIP	<i>Lake Mary FL 32796</i>
TITLE	D	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICKNOR, THOMAS E	2 2 NAME	
STREET ADDRESS	18 KEITH HILL RD.	2 3 STREET ADDRESS	<i>587 Brightview Dr</i>
CITY - ST - ZIP	GRAFTON MA	2 4 CITY - ST - ZIP	<i>Lake Mary FL 32746</i>
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, the recipient 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 as an attachment with an address.

SIGNATURE: *Thomas Ticknor, Pres.* *9-3-95* *(407) 328-1291*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Telephone Number