

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra O. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 21 AM 9:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F55052**

**(7)**

1. Corporation Name

**C.S.B. COMPUTER SYSTEMS, INC.**

Principal Place of Business

**15321 NW 60TH. AVE.  
MIAMI LAKES FL 33014**

Mailing Address

**15321 NW 60TH. AVE.  
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/17/1981**

3a. Date of Last Report

**04/13/1994**

4. FEI Number

**59-2140229**

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAHRY, CHARLES**

**15321 NW 60TH. AVE.**

**MIAMI LAKES FL 33014**

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**FL**

**B5** 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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**VD**

NAME

**BAHRY, CHARLES**

STREET ADDRESS

**15321 NW 60TH. AVE.**

CITY - ST - ZIP

**MIAMI LAKES FL**

**1.1** TITLE

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**DP**

NAME

**COCCHI, MARINO F**

STREET ADDRESS

**15321 NW 60TH. AVENUE**

CITY - ST - ZIP

**MIAMI LAKES FL**

**2.1** TITLE

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**DVT**

NAME

**SOOY, GARRETT C**

STREET ADDRESS

**15321 NW 60TH. AVENUE**

CITY - ST - ZIP

**MIAMI LAKES FL**

**3.1** TITLE

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**4.1** TITLE

NAME

**4.2** NAME

STREET ADDRESS

**4.3** STREET ADDRESS

CITY - ST - ZIP

**4.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**5.1** TITLE

NAME

**5.2** NAME

STREET ADDRESS

**5.3** STREET ADDRESS

CITY - ST - ZIP

**5.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**6.1** TITLE

NAME

**6.2** NAME

STREET ADDRESS

**6.3** STREET ADDRESS

CITY - ST - ZIP

**6.4** CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

**7.1** TITLE

NAME

**7.2** NAME

STREET ADDRESS

**7.3** STREET ADDRESS

CITY - ST - ZIP

**7.4** CITY - ST - ZIP

☐ Change

☐ Addition

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 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:

*Marino F. Cocchi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marino F. Cocchi*  
DATE

*4/12/95*  
TELEPHONE NUMBER