

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

**APPROVED
AND
FILED**

95 APR 18 PM 7:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F86439 (9)

1. Corporation Name

COMPUTER INSIGHT, INC.

Principal Place of Business

**10040 NW 44TH ST.
CORAL SPRINGS FL 33065
US**

Mailing Address

**POST OFFICE BOX 8442
CORL SPRINGS FL 33075-8442
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1982

3a. Date of Last Report

07/19/1994

4. FEI Number

59-2189955

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

**OSINSKI, VAL L.
9720 W. SAMPLE RD.
CORAL SPRINGS FL 33065**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	MUIR, MALCOLM D.
STREET ADDRESS	10340 N.W. 44TH ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	TC
NAME	MUIR, MALCOLM D.
STREET ADDRESS	10340 N.W. 44TH ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	☒ Change ☐ Addition
1.2 NAME	MUIR, MALCOLM D.	
1.3 STREET ADDRESS	10340 N.W. 44th St.	
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33065	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	MUIR, FRANCES W.	
3.3 STREET ADDRESS	6000 85th St. P.O. Box 1449	
3.4 CITY - ST - ZIP	WABASSO, FL 32970	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

MALCOLM D. MUIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95 305-344-2492
Date Signature (Print Name)