

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K38762**

**(6)**

1. Corporation Name

**COMPUTER ADVICE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4520 N. TAMiami TRAIL  
NAPLES FL 33940  
US**

Mailing Address  
**25 EAST AVENUE  
NAPLES FL 33963  
US**

3. Date Incorporated or Qualified  
**10/14/1988**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

**830 CASSENA Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

**NAPLES FL**

Zip

Country

Zip

Country

24

25

29

30

**33963 USA**

4. FEI Number  
**59-2640782**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURT, GEORGE  
25 EAST AVENUE  
NAPLES FL 33963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**830 CASSENA ROAD**

83

84 City

**NAPLES**

FL

85

Zip Code  
**33963**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
**D**  
NAME  
**BURT, ELIZABETH**  
STREET ADDRESS  
**25 EAST AVE.**  
CITY-ST-ZIP  
**NAPLES FL**

1.1 TITLE  
**830 CASSENA ROAD**  
1.2 NAME  
**NAPLES FL 33963**  
1.3 STREET ADDRESS  
**NAPLES FL 33963**  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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)(b), 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 incorporator or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13; changes or omissions indicated with an address.

SIGNATURE:

*Elizabeth Burt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.95 (813)4340222

Date

Signature