

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 3:07

DOCUMENT # K87065 (4)

1. Corporation Name  
**GENESYS COMPUTER PROFESSIONALS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% BRIAN DAVID METZ  
8913 BEELER DR 5201 W. KENNEDY BLVD  
TAMPA FL 33626 SUITE 602  
TAMPA, FL 33609

2. Mailing Address

21 **5201 N. KENNEDY BLVD**

Suburb, City, State & Zip

22 **SUITE 602**

City & State

23 **TAMPA FL**

Zip Code, Telephone

24 **33609**

25 **6154**

9. Name and Address of Current Registered Agent

**METZ, BRIAN DAVID  
8913 BEELER DR  
TAMPA FL 33626**

81 Number

82 Street Address, P.O. Box Number, City & Zip Code

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Please check the appropriate box(es) indicating where Board Members, the above named registered agent, and/or the supervisor(s) of the office or director(s) whose names were authorized by the corporation's board of directors, accept the appointment as registered agent, and/or accept the appointment as director or officer under Florida Statutes.

12. OFFICERS AND DIRECTORS

PD  
**METZ, BRIAN D.  
8913 BEELER DR  
TAMPA FL**  
VST  
**METZ, DIANA L.  
8913 BEELER DR.  
TAMPA FL**

13.	ADDRESS OF REGISTERED OFFICE, ZIP CODE, CITY, STATE	Change	Add'l
1. NAME			
2. REPT. ADDRESS			
3. CITY			
4. STATE			
5. ZIP CODE			
6. CITY			
7. STATE			
8. ZIP CODE			
9. CITY			
10. STATE			
11. ZIP CODE			
12. CITY			
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14. ZIP CODE			
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16. STATE			
17. ZIP CODE			
18. CITY			
19. STATE			
20. ZIP CODE			
21. CITY			
22. STATE			
23. ZIP CODE			
24. CITY			
25. STATE			
26. ZIP CODE			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate to the best of my knowledge. I further certify that the information indicated on the 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. In the event of a conflict between the information or trustee or employee responsible for executing this report as required by Chapter 409 of Florida Statutes, and that information appearing in Block 12 or Block 14 of Chapter 409, an attachment with an addendum.

SIGNATURE: *Brian D. Metz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 013-288-8409  
Florida State