

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 JUN -9 AM 9:27

**DOCUMENT # K93816 (2)**  
1. Corporation Name  
**ACR COMPUTER SERVICES, INC.**

Principal Place of Business Mailing Address  
**% ROBERT MORRIS** **% ROBERT MORRIS**  
**8 SE 8TH AVENUE** **8 SE 8TH AVENUE**  
**DEERFIELD BEACH FL 33441** **DEERFIELD BEACH FL 33441**

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	ACR	26		06/05/1989	06/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 24 N.E. 2ND AVE		27		65-0134561	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Deerfield Beach FL		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33441	25		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MORRIS, ROBERT 8 SE 8TH AVENUE DEERFIELD BEACH FL 33341				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT	1.2 NAME	
STREET ADDRESS	8 SE 8TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	<del>V</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MORRIS, ROBERT G., JR.</del>	2.2 NAME	
STREET ADDRESS	<del>8 SE 8TH AVENUE</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>DEERFIELD BEACH FL</del>	2.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LUISA M.	3.2 NAME	
STREET ADDRESS	8 SE 8TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH	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 118.07(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 or changed, or on an attachment with an address.

SIGNATURE: Robert G. Morris Robert G. Morris 6/5/95 (305)480-9243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3-95)