

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

**APPROVED
AND
FILED**

MAY 23 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # L68866 (7)

1. Corporation Name:
COMPUTER AMUSEMENTS, INC.

Principal Place of Business:
**% H EDWARD JONES CPA
3230 W. COMMERCIAL BLVD., SUITE 150
FT LAUDERDALE FL 33309
US**

Mailing Address:
**% H EDWARD JONES CPA
3230 W. COMMERCIAL BLVD., SUITE 150
FT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified:
04/27/1990

3a. Date of Last Report:
03/21/1994

4. FEI Number:
59-3054847

Applied For:
☐ **Not Applicable**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under 215.03, Florida Statutes: ☒ **Yes** ☐ **No**

2. Principal Place of Business:
21

2a. Mailing Address:
26

3. State Apt. #, etc.:
22

3a. State Apt. #, etc.:
27

4. City & State:
23

4a. City & State:
28

5. ZIP:
24

5a. ZIP:
29

6. Country:
30

9. Name and Address of Current Registered Agent:

**JONES, H EDWARD
3230 W. COMMERCIAL BLVD.
SUITE 150
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. State: **FL**

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0501 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: _____ **DATE:** _____

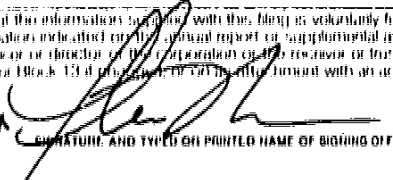
12. OFFICERS AND DIRECTORS:

1. TITLE:	D
2. NAME:	BOSANAC, STEVE
3. STREET ADDRESS:	871 SE 14TH AVE
4. CITY & STATE:	DEERFIELD BEACH FL
5. TITLE:	D
6. NAME:	MCAULEY, MAUREEN
7. STREET ADDRESS:	871 SE 14TH AVE
8. CITY & STATE:	DEERFIELD BEACH FL
9. TITLE:	
10. NAME:	
11. STREET ADDRESS:	
12. CITY & STATE:	
13. TITLE:	
14. NAME:	
15. STREET ADDRESS:	
16. CITY & STATE:	
17. TITLE:	
18. NAME:	
19. STREET ADDRESS:	
20. CITY & STATE:	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

21. TITLE:	☐ Change ☐ Addition
22. NAME:	
23. STREET ADDRESS:	
24. CITY & STATE:	
25. TITLE:	☐ Change ☐ Addition
26. NAME:	
27. STREET ADDRESS:	
28. CITY & STATE:	
29. TITLE:	☐ Change ☐ Addition
30. NAME:	
31. STREET ADDRESS:	
32. CITY & STATE:	
33. TITLE:	☐ Change ☐ Addition
34. NAME:	
35. STREET ADDRESS:	
36. CITY & STATE:	
37. TITLE:	☐ Change ☐ Addition
38. NAME:	
39. STREET ADDRESS:	
40. CITY & STATE:	

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 its receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report and that I am familiar with an address.

SIGNATURE:  **STEVE BOSANAC** **5-17-95** **3056980654**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR