

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:43

DOCUMENT # P93000049136 (3)

1. Corporation Name

COMPUTER MONITORING SERVICES, INC.

Principal Place of Business

**12414 PECONIC COURT
WEST PALM BEACH FL 33414**

Mailing Address

**12414 PECONIC COURT
WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0424454

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**

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.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DUBOIS, SILVIA R
505 SOUTH FLAGLER DRIVE
SUITE 1330
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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 of Agent or person authorized to register agent and then it is complete)

(Signature of Registered Agent (signature required after registration))

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
HORVATH, ARTHUR R
12414 PECONIC COURT
WEST PALM BEACH FL 33414**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
HORVATH, RICHARD A
12414 PECONIC COURT
WEST PALM BEACH FL 33414**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
WHITE, JAMES
8408 LINDEN WAY
LAKE WORTH FL 33467**

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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. I am an officer or director of the corporation or the receiver or trustee empowered to file 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:

Arthur R. Horvath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR R. HORVATH

01-10-95

1001-175-5148