

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000062374 (2)**

1. Corporation Name
COMPUTER RESOURCE CENTER, INC.



Principal Place of Business: **209 SOUTH DALE MABRY TAMPA FL 33609**
Mailing Address: **209 SOUTH DALE MABRY TAMPA FL 33609**

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21 **3818 Gunn Hwy**
Suite, Apt. #, etc.
22 **100**
City & State
23 **Tampa, FL**
Zip Country
24 **33624** 25 **USA**

4. FEI Number: **59-3204689**
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
KAROL GERACE, F. [REDACTED] 209 SOUTH DALE MABRY TAMPA FL 33609
3818 Gunn Hwy, Suite 100 Tampa, FL 33624

10. Name and Address of New Registered Agent
81 Name: **Robert Gerace**
82 Street Address (P.O. Box Number is Not Acceptable): **3818 Gunn Hwy**
83 **Suite 100**
84 City: **Tampa** FL 85 Zip Code: **33624**

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, 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: **X Karol Gerace**

(NOTE: Registered Agent signature required when changing office.)

12. OFFICERS AND DIRECTORS

TITLE	P/S	<input type="checkbox"/> DELETE
NAME	GERACE, ROBERT F.	
STREET ADDRESS	14911 KNOTTY PINE DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERACE, DEBRA J.	
STREET ADDRESS	14911 KNOTTY PINE DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GERACE, F. KENNETH	
STREET ADDRESS	5132 SAN JOSE ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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 if changed, or in an attachment with an address.

SIGNATURE: **X Karol Gerace**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-968-8146
Dialysis Phone #

CR2E034 (12/95)