FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042289 (6)

1. Corporation Name
COMPUTER DESIGN SERVICES, INC.

Principal Place of Business
~~9045 LAFONTANA BOULEVARD~~
~~BOCA RATON FL 33434~~

Mailing Address
~~9045 LAFONTANA BOULEVARD~~
~~BOCA RATON FL 33434~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5960 SW 17TH ST
22 Suite, Apt. #, etc.
23 City & State: PLANTATION FL
24 Zip: 33317
25 Country:

2a. Mailing Address
26 5960 SW 17TH ST
27 Suite, Apt. #, etc.
28 City & State: PLANTATION FL
29 Zip: 33317
30 Country:

4. FEI Number: 65-0151478
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

* CHAUNCEY, LYNELLE
~~9045 LAFONTANA BOULEVARD~~
~~BOCA RATON FL 33434~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 241 N.E. 38 ST, APT. B 314
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: Lynelle Chauncey — Signature, type or printed name of registered agent and title if applicable — DATE: 4/5/95
(DATE: Registered Agent signature required after resignation)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEVITO, RONALD J
STREET ADDRESS	1205 FRANKLIN AVENUE
CITY ST ZIP	GARDEN CITY NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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. 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 (Change) or is added in Block 13 with an address.

SIGNATURE: 4/5/95 305 587 3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202010 CP