

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **P94000083403 (3)**

95 MAY 16 AM 8:15

The Corporation Name

COMPUTER PERSPECTIVES UNLIMITED INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7735 NE 8TH AVE.
MIAMI FL 33138

7735 NE 8TH AVE.
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
11/10/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc.

26 State, Apt #, etc.

4. FFI Number
65-0536305

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24 Zip

25 County

29 Zip

30 County

8. This corporation has liability for infraction to Chapter 5, 199.010 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RASSWEILER, MARILYN T
7735 NE 8TH AVE.
MIAMI FL 33138**

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 (040) and 607 (050), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 (050), Florida Statutes.

SIGNATURE

By 11. Registered Agent, Agent or Registered Agent

By 10. Registered Agent, Agent or Registered Agent

12/11

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.1 TITLE 1. NAME 1.1 STREET ADDRESS 1.1 CITY & STATE 1.1 ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MARILYN T KING-RASSEWILER 7735 NE 8TH AVE MIAMI, FL, 33138
12.2 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.2 TITLE 2. NAME 2.1 STREET ADDRESS 2.1 CITY & STATE 2.1 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.3 TITLE 3. NAME 3.1 STREET ADDRESS 3.1 CITY & STATE 3.1 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.4 TITLE 4. NAME 4.1 STREET ADDRESS 4.1 CITY & STATE 4.1 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.5 TITLE 5. NAME 5.1 STREET ADDRESS 5.1 CITY & STATE 5.1 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE NAME STREET ADDRESS CITY & STATE ZIP		13.6 TITLE 6. NAME 6.1 STREET ADDRESS 6.1 CITY & STATE 6.1 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the exemption stated in Section 119.012(9)(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. That any officer or director of this corporation or the receiver or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 1 on Block 1 City changed or on an attached report with my address.

SIGNATURE: *Marilyn T King-Rassweiler* MARILYN T. KING-RASSEWILER 5/1/95 756 5256
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR