

**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 # **P95000004934 (2)**

1. Corporation Name

**COMPUTEREASE ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

1313 S MILITARY TRL 299  
DEERFIELD BEACH FL 33442

1313 S MILITARY TRL 299  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21 951 Broken Sound Pkwy  
Suite, Apt. #, etc.

26 951 Broken Sound Pkwy  
Suite, Apt. #, etc.

22 135  
City & State

27 135  
City & State

23 Boca Raton, FL

28 Boca Raton, FL

24 33487  
Country

29 33487  
Country

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

**BARSKY, HOWARD**  
1313 S MILITARY TRL, 299  
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

3a. Date of Last Report

01/19/1995

4. FEI Number

Applied For  
Not Applicable

65-0552097

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. 190.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

HOWARD BARSKY

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

951 Broken Sound Pkwy  
Suite 135

83

84 City

Boca Raton

FL

85 Zip Code

33487

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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by the principal name of registered agent or registered agent

(Only Registered Agent signature is applicable)

DATE

4/7/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<del>Howard Barsky</del>
STREET ADDRESS	<del>1313 S Military Trl 299</del>
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	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	President
3. STREET ADDRESS	HOWARD BARSKY
4. CITY-ST-ZIP	5314 NW 51st St Coronet Creek, FL 33073
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

(407) 989-8935  
P95000004934

CR2E034 (12/95)