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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000051272 (8)

1. Corporation Name
COMPUTER RESULTS, INC.



Principal Place of Business
1008-A S. FLORIDA AVE.
ROCKLEDGE FL 32955

Mailing Address
1008-A S. FLORIDA AVE.
ROCKLEDGE FL 32955-2132

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

Same

3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report
N/A

4. FEI Number
59-3390525

5. Certificate of Status Desired
Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution
\$8.75 Additional Fee Required
\$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
NORRIS, PATRICIA A
1008-A S. FLORIDA AVE.
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

Same

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 607.0503, Florida Statutes.

SIGNATURE: *Patricia A. Norris* f.30-97
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 NORRIS, PATRICIA A	1.1 TITLE	PST
NAME	NORRIS, PATRICIA A	1.2 NAME	Norris, Patricia A
STREET ADDRESS	1008-A S. FLORIDA AVE.	1.3 STREET ADDRESS	1008-A So. Florida Ave
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Patricia A. Norris* f.30-97 407.633.4137
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)