

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90021 008 ***150.00

DOCUMENT # S31570

1. Corporation Name
COMPUTER RESOLUTIONS OF FLORIDA, INC.

Principal Place of Business

2723 OCEAN DRIVE
VERO BEACH FL 32963
US

Mailing Address

2723 OCEAN DRIVE
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1991

4. FEI Number

65-0263440

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 5710C COACH HOUSE CIR
Suite, Apt. #, etc.

2a. Mailing Address

26 43A BUCKSKIN LANE
Suite, Apt. #, etc.

22 City & State
BOCA RATON, FL

27 City & State
ATTN: HELEN B. MOSER
STRATFORD, CT

23 Zip
33486

28 Zip
06614

24 Country
US

29 Country
US

9. Name and Address of Current Registered Agent

MOSER, HELEN B
2723 OCEAN DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name GARI, HELAINE
82 Street Address (P.O. Box Number is Not Acceptable)
5710C COACH HOUSE CIRCLE
83
84 City BOCA RATON FL 85 Zip Code 33486

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 607.0505, Florida Statutes.

SIGNATURE X HELEN B. MOSER HELAINE GARI 4/16/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, HELEN B	1.2 NAME	
STREET ADDRESS	2723 OCEAN DRIVE	1.3 STREET ADDRESS	43A BUCKSKIN LANE
CITY-ST-ZIP	VERO BACH FL	1.4 CITY-ST-ZIP	STRATFORD, CT 06614
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, CARL J	2.2 NAME	
STREET ADDRESS	489 FAIRFIELD BEACH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: HELEN B. MOSER, PRES. 4/16/99 (203) 377-3404
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0546081

CR2E034 (11/98)