

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90021 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5710C COACH HOUSE CIR	2a. Mailing Address 26 43A BUCKSKIN LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: HELEN B. MOSER
City & State 23 BOCA RATON, FL	City & State 28 STRATFORD, CT
Zip 24 33486	Country 25 US
	Zip 29 06614
	Country 30 US

3. Date Incorporated or Qualified 02/18/1991	Applied For Not Applicable
4. FEI Number 65-0263440	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
85 State FL
86 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 **HELEN B. MOSER** **GARI, HELAINE** **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		<input type="checkbox"/> DELETE
TITLE	PTD	
NAME	MOSER, HELEN B	
STREET ADDRESS	2723 OCEAN DRIVE	
CITY-ST-ZIP	VERO BACH FL	
TITLE	DS	
NAME	PALMIERI, CARL J	
STREET ADDRESS	489 FAIRFIELD BEACH RD	
CITY-ST-ZIP	FAIRFIELD CT	
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	43A BUCKSKIN LANE		
1.4 CITY-ST-ZIP	STRATFORD, CT 06614		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 #

CR2E034 (1/198)