

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:40**

DOCUMENT # **S71228** (8)

1. Corporation Name  
**MARRESE BARON, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
PO BOX 3582 PO BOX 3582  
BOCA RATON FL 33427 BOCA RATON FL 33427  
US US

3. Date Incorporated or Qualified 08/01/1991 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI number 65-0288312 Applied For Not Applicable

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCIARELLA, RAYMOND M II  
840 US HWY 1  
SUMMIT BLDG, STE 340  
NO PALM BCH FL 33408

81 Name **CompuKeeper, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1580 NW 2nd Ave Ste 1**  
83  
84 City **Boca Raton, FL** 85 Zip Code **33432**

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 *Raymond Masciarella*

DATE **3/10/95**

Signature, typed or printed name 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 **PVST**  
NAME **MARRESE, DAVID C.**  
STREET ADDRESS **9350 LONG MEADOW CIR.**  
CITY-ST-ZIP **BOYNTON BCH FL**

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

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CITY-ST-ZIP

2.3 STREET ADDRESS

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2.4 CITY-ST-ZIP

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3.1 TITLE  Change  Addition

TITLE  
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3.2 NAME

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4.1 TITLE  Change  Addition

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4.4 CITY-ST-ZIP

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5.1 TITLE  Change  Addition

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CITY-ST-ZIP

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5.4 CITY-ST-ZIP

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6.1 TITLE  Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME

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STREET ADDRESS  
CITY-ST-ZIP

6.3 STREET ADDRESS

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE: X *David Marrese* David Marrese

*David Marrese* 3/15/95 3368-7769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR