FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S97272** **(6)**

1. Corporation Name

COMPUTER AUTOMATION OF FORT PIERCE, INC.

Principal Place of Business	Mailing Address
208 CAPE POINTE CIRCLE JUPITER FL 33477	208 CAPE POINTE CIRCLE JUPITER FL 33477

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 04/12/1995
4. FEI Number: 65-0300174 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3151 SW 14th Place	26 3151 SW 14th Place
Suite, Apt. #, etc.: 22 Suite #1	Suite, Apt. #, etc.: 27 Suite #1
City & State: 23 Boynton Beach, FL	City & State: 28 Boynton Beach, FL
Zip: 24 33426 Country: 25 Palm Beach	Zip: 29 33426 Country: 30 Palm Beach

9. Name and Address of Current Registered Agent

YU, CHESTER
208 CAPE POINTE CIRCLE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	YU, CHESTER	
STREET ADDRESS	208 CAPE POINTE CIR	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	☒ DELETE
NAME	YU, KAROL	
STREET ADDRESS	208 CAPE POINTE CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	☐ DELETE
NAME	Danny Ross	
STREET ADDRESS	701 Long Leaf Place	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	VP	☐ DELETE
NAME	Jeffery H. Wait	
STREET ADDRESS	3473 Gondolier Way	
CITY-ST-ZIP	Lantana, Fl 33462	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: Chester Yu Chester Yu 5/12/96 407-747-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #