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95 MAY - 1 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V44217** (0)

1. Corporation Name
COMPUTER SERVICE PROFESSIONALS, INC.

Principal Place of Business: **2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US**

Mailing Address: **2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0340482**

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: **21 Same**

2a. Mailing Address: **26 Same**

22. Suite, Apt. #, etc. **27 Same**

23. City & State **28 Same**

24. Zip **25** Country **29** Zip **30** Country **30**

9. Name and Address of Current Registered Agent

**LIMA, DANIEL G.
2921 S.E. 19TH PLACE
CAPE CORAL FL 33904**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMA, DANIEL G.	1. 2. NAME	TRACY L. LIMA
STREET ADDRESS	2921 S.E. 19TH PLACE	1. 3. STREET ADDRESS	2921 SE 19TH PLACE
CITY - ST - ZIP	CAPE CORAL FL	1. 4. CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE		2. 1. TITLE	SEC/TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. 2. NAME	DOUGLAS O. ROSKOWITZ
STREET ADDRESS		2. 3. STREET ADDRESS	3619 SE 17TH ST.
CITY - ST - ZIP		2. 4. CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE		3. 1. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. 2. NAME	CAROL A. ROSKOWITZ
STREET ADDRESS		3. 3. STREET ADDRESS	3619 SE 17TH ST.
CITY - ST - ZIP		3. 4. CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE		4. 1. TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. 2. NAME	ROBERT D. THOMPSON
STREET ADDRESS		4. 3. STREET ADDRESS	622 SE 21ST LANE
CITY - ST - ZIP		4. 4. CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE		5. 1. TITLE	G.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. 2. NAME	GUY THOMPSON
STREET ADDRESS		5. 3. STREET ADDRESS	10 897 FOUNTAIN LN
CITY - ST - ZIP		5. 4. CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE		6. 1. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. 2. NAME	TANCY L. THOMPSON
STREET ADDRESS		6. 3. STREET ADDRESS	622 SE 21ST LANE
CITY - ST - ZIP		6. 4. CITY - ST - ZIP	CAPE CORAL FL 33904

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:  **DANIEL G. LIMA** 2/4/95 815-574-3139
Signature and typed or printed name of signing officer or director Date (Typed Name)