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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V44217 (0)**

1. Corporation Name  
**COMPUTER SERVICE PROFESSIONALS, INC.**

Principal Place of Business <b>2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US</b>	Mailing Address <b>2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <u>Same</u>	2a. Mailing Address 26 <u>Same</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>06/17/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0340482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

**FL**

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

TITLE	<b>D</b>
NAME	<b>LIMA, DANIEL G.</b>
STREET ADDRESS	<b>2921 S.E. 19TH PLACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TRACY L. LIMA</b>	
1.3 STREET ADDRESS	<b>2921 SE 19TH PLACE</b>	
1.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
2.1 TITLE	<b>SEC/TREAS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DOUGLAS O. ROSKOWITZ</b>	
2.3 STREET ADDRESS	<b>3619 SE 17TH ST.</b>	
2.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CAROL A. ROSKOWITZ</b>	
3.3 STREET ADDRESS	<b>3619 SE 17TH ST.</b>	
3.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
4.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROBERT D. THOMPSON</b>	
4.3 STREET ADDRESS	<b>622 SE 21ST LANE</b>	
4.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33900</b>	
5.1 TITLE	<b>G.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GUY THOMPSON</b>	
5.3 STREET ADDRESS	<b>10 897 FOUNTAIN LN</b>	
5.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TANCY L. THOMPSON</b>	
6.3 STREET ADDRESS	<b>622 SE 21ST LANE</b>	
6.4 CITY - ST - ZIP	<b>CAPE CORAL FL 33900</b>	

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 **813-574-3139**  
Signature and typed or printed name of signing officer or director Date (Typed Name)