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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		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 2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US	Mailing Address 2003-DEL PRADO BLVD SUITE K CAPE CORAL FL 33990 US
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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	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <u>Same</u>	2a. Mailing Address 26 <u>Same</u>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	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	LIMA, DANIEL G.	1. 1. TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2921 S.E. 19TH PLACE	1. 2. NAME <i>TRACY L. LIMA</i>	
STREET ADDRESS	CAPE CORAL FL	1. 3. STREET ADDRESS <i>2921 SE 19TH PLACE</i>	
CITY - ST - ZIP		1. 4. CITY - ST - ZIP <i>CAPE CORAL FL 33904</i>	
TITLE		2. 1. TITLE <i>SEC/TREAS.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. 2. NAME <i>DOUGLAS O. ROSKOWITZ</i>	
STREET ADDRESS		2. 3. STREET ADDRESS <i>3619 SE 17TH ST.</i>	
CITY - ST - ZIP		2. 4. CITY - ST - ZIP <i>CAPE CORAL FL 33904</i>	
TITLE		3. 1. TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. 2. NAME <i>CAROL A. ROSKOWITZ</i>	
STREET ADDRESS		3. 3. STREET ADDRESS <i>3619 SE 17TH ST.</i>	
CITY - ST - ZIP		3. 4. CITY - ST - ZIP <i>CAPE CORAL FL 33904</i>	
TITLE		4. 1. TITLE <i>V.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. 2. NAME <i>ROBERT D. THOMPSON</i>	
STREET ADDRESS		4. 3. STREET ADDRESS <i>622 SE 21ST LANE</i>	
CITY - ST - ZIP		4. 4. CITY - ST - ZIP <i>CAPE CORAL FL 33904</i>	
TITLE		5. 1. TITLE <i>G.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. 2. NAME <i>GUY THOMPSON</i>	
STREET ADDRESS		5. 3. STREET ADDRESS <i>10 897 FOUNTAIN LN</i>	
CITY - ST - ZIP		5. 4. CITY - ST - ZIP <i>FORT MYERS, FL 33912</i>	
TITLE		6. 1. TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. 2. NAME <i>TANCY L. THOMPSON</i>	
STREET ADDRESS		6. 3. STREET ADDRESS <i>622 SE 21ST LANE</i>	
CITY - ST - ZIP		6. 4. CITY - ST - ZIP <i>CAPE CORAL FL 33904</i>	

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)