

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94195 (7)**  
1. Corporation Name  
**APPLES AND ORANGES COMPUTER PRODUCTS, INC.**



Principal Place of Business: **1300 SW 90TH AVENUE MIAMI FL 33174**  
Mailing Address: **1300 SW 90TH AVENUE MIAMI FL 33174-3125**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1982</b>	3a. Date of Last Report <b>02/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2237691</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**BLAND, JAMES**  
**1300 SW 90TH AVENUE**  
**MIAMI FL 33174**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0509 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

Director, Officer, Registered Agent, or Agent-in-Charge and the Proprietor

(PROFIT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY-ST-ZIP		14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY-ST-ZIP		24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY-ST-ZIP		34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY-ST-ZIP		44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY-ST-ZIP		54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *James Bland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/97 (305) 554-1031**  
Date Date of Filing #

CR2E034 (9/96)