

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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MAY 10 1994

STATE
OF FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J37936** (8)
1. Corporation Name
COMPUTER PARTS OF AMERICA, INC.

Principal Place of Business Mailing Address
**3328 HENDERSON B LVD.
TAMPA FL 33609-2954** **3328 HENDERSON B LVD.
TAMPA FL 33609-2954**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 Zip 28 Zip
33609-2954 **33609-2954**

3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2728384** 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**
6. This corporation has liability for intangible tax under § 199.009 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WELLS, EUGENE LOUIS
6205 SANDERS DR
TAMPA FL 33611**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PC WELLS, EUGENE LOUIS 6205 SANDERS DR. TAMPA FL 33611	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33611
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD HUBBARD, DAVID RAY 6301 G WESTSHORE APT 1007 2306 Texas Ave TAMPA FL 33606	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2306 Texas Ave Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD WELLS, LINDA LEE 6205 SANDERS DR. TAMPA FL 33611	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 33611
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct, for the information stated in Sections 11.134 (1)(2)(3)(4) Florida Statutes. I further certify that the information included in the annual report or biennial report is true and correct 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 and that I am authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing changed or corrected in accordance with an addition.

SIGNATURE: *Gene Wells* **GENE WELLS, Agent CEO/Pres 1-12-95 870-2676**
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR