

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000041306 (9)

1. Corporation Name
AMERICA II COMPUTER, INC.



Principal Place of Business
2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

Mailing Address
2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	1012 118th Avenue North	26	13535 Feather Sound Drive	59-3270113		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22		27	327	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	St. Petersburg FL	28	Clearwater, FL				
24	33716	25	USA	29	34622	30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
POINTER, ANN E 2600 118TH AVE N SUITE 800 ST PETERSBURG FL 33716				81	Name: Same			
				82	Street Address (P.O. Box Number is Not Acceptable): 13535 Feather Sound Drive			
				83	Suite 327			
				84	City:	Clearwater	85	Zip Code: FL 34622

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 _____ DATE _____
Signature typed or printed name of registered agent and the date of signature. (If the registered agent is a corporation, the name of the corporation and the name of the officer or director who is signing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCED GALINSKI, PETER M 2600 118TH AVE. NORTH ST. PETERSBURG FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	DCOO GIAMMARRUSCO, JOSEPH 2600 118TH AVE N ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	DCFO ROGERS, ARIS 2600 118TH AVE. NORTH ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	DT HALL, GREG 2600 118TH AVE. NORTH ST. PETERSBURG FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	S POINTER, ANN 2600 118TH AVE NORTH ST. PETERSBURG FL	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	DV ALLSWORTH, TED 2600 118TH AVE N ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Ann E. Pointer Ann E. Pointer 4/23/96 813-573-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)