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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000102722

FIRST BYTE COMPUTERS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90084 050 \*\*\*150.00



7913 MEADOW RUSH LOOP SARASOTA FL 34238	7913 MEADOW RUSH LOOP SARASOTA FL 34238		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed			
				12/07/1998	·		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For	
21	26			65-0881644		Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip Country 24 25	Zip 29	Country 30	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		81	Name				
TEICHER, MITCHELL 7913 MEADOW RUSH LOOP			Street Add	dress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34238		83	<del> </del>				
		84	1 1	F			
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	s, the abov	e-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the apport	of changing its of	registered iistered	
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Flori	ida Statutes	6.			,	
SIGNATURE / WWW JOW				4-1	1-99		
Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: I	Registered Age	nt signature requi				
12. OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE D	☐ DELET <b>E</b>	1.1 TITLE			☐ Change	Addition	
NAME TEICHER, MITCHELL		1.2 NAME					
STREET ADDRESS 7913 MEADOW RUSH LOOP	P	1.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP SARASOTA FL 34238		1.4 CITY-S	T-ZIP				
TITLE	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME		2.2 NAME	ľ			ĺ	
STREET ADDRESS		2.3 STREE	T ADDRÉSS				
		2. 4 CITY-				ļ	
CITY-ST-ZIP -	☐ DELETE	3.1 TITLE	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Change	☐ Addition	
NAME		3.2 NAME	ł		=	ļ	
		1	TADORÊSS				
STREET ADDRESS						1	
CITY-ST-ZIP	☐ DELETE	3.4. CITY-	SI-ZIP		[] Change	Addition	
TILE	□ pereig	4.1 TITLE			الما ما ما ما		
NAME		4, 2 NAME				{	
STREET ADDRESS	•		TADORESS			1	
CITY-ST-ZIP		4.4 CITY-S	T-ZIP			- A 3 3141	
TITLE	☐ DELETE	5.1 TITLE			Change	Addition	
NAME		5.2 NAME				1	
STREET ADDRESS		5.3 STREE	TADDRESS				
CITY-ST-ZIP		5.4 CITY-5	T-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME		6.2 NAME	1				
STREET ADDRESS		6.3 STREE	TADDRESS				
STREET ADDRESS		E 4 CODY O	מיד די				

14. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

941-923-5440