

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Workman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S60391** (7)
1. Corporation Name
CONCEPTS IN COMPUTERS, INC.

Principal Place of Business: **10907 NE 8TH AVE MIAMI FL 33161 US**
Mailing Address: **10907 NE 8TH AVE MIAMI FL 33161 US**

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
24. Zip	29. Zip
25. Validity	30. Validity

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1991	01/25/1994
4. FEI Number	Applied For
65-0267990	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 196.04, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRONSON, ROBERT S.
10907 N.E. 8TH AVENUE
MIAMI FL 33161**

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. I, the undersigned, secretary of the corporation, certify that I am a resident of the State of Florida, and I am authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am familiar with and accept the description of the term "registered agent" as defined in s. 196.04, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	D BRONSON, ROBERT S. 10907 N.E. 8TH AVE MIAMI FL
NAME	D BRONSON, ELIZABETH 10907 N.E. 8TH AVE MIAMI FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

NAME	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is accurate, complete and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief. I am familiar with and accept the description of the term "registered agent" as defined in s. 196.04, Florida Statutes.

SIGNATURE: *Robert S. Bronson* **ROBERT S. BRONSON** 4-27-95 (305) 895-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR