

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

REPUBLICAN  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMPA, FLORIDA  
33231-0001

APPROVED  
AND  
FILED

MAY 10 11:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S68561** (7)  
FLH COMPUTING, INC.

1. Name of Corporation		2a. Mailing Address		3. Date of Incorporation		3a. Date of Last Report	
8375 SW 42ND ST MIAMI FL 33155		8375 SW 42ND ST MIAMI FL 33155		07/25/1991		04/20/1994	
21. Filing Agent Name	26. Mailing Agent Name	4. FEI Number		Acquired Fee		Not Applicable	
22. Filing Agent Address	27. Mailing Agent Address	65-0272700		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Filing Agent City & State	28. Mailing Agent City & State	6. Election Campaigns Financials		7. This corporation has liability for intangible tax under 5-190-037 Florida Statutes		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Filing Agent Phone	29. Mailing Agent Phone	30. Filing Agent City & State		7a. Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City & State			
				B4. Zip			
				FL B5. Zip Code			

11. Pursuant to the provisions of two forms filed and filed with the Florida Statutes, the above named corporation hereby states and for the purpose of changing its registered office to 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 a resident of the State of Florida as of 5/1/95. Florida Statutes.

SIGNATURE: *Franklin L. Henriquez* DATE: MAY 1, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED TO OFFICERS AND DIRECTORS	
NAME	D HENRIQUEZ, FRANKLIN L 8375 SW 42ND ST MIAMI FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
ZIP		ZIP	

14. I hereby certify that the information supplied with this filing is substantially true and correct, and equally for the corporation stated in the Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and accurate and that the corporation has been the same throughout the reporting period and that the officers and directors of the corporation at the time of filing are equal to those reported on this report as required by Florida Statutes and that my name appears in the Florida Department of State's records with an address.

SIGNATURE: FRANKLIN L HENRIQUEZ *Franklin L. Henriquez* DATE: MAY 1, 1995 5526146

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INCORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Charles H. McPherson  
Secretary of State  
1900 N.W. 11th Street, Tallahassee, FL 32304-0001

APPROVED

100

07/29/1991

LESLIE BAKER  
TALLAHASSEE, FLORIDA

DOCUMENT # **S69136** (7)

BAKER 3 ENTERPRISES, INC.

Principal Place of Business: 13001 BELCHER RD UNIT C24 LARGO FL 34641  
Mailing Address: P.O. BOX 313 LARGO FL 34649

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
24. County	29. County
25. County	30. County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/29/1991	04/06/1994
4. FEI Number	Applied For
59-3075842	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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent  
BAKER, LESLIE GAYLE  
3660 E. BAY DR.  
UNIT 412  
LARGO FL 34641

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. Pursuant to the provisions of Sections 607.0507 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:

NAME	D BAKER, LESLIE GAYLE 3660 E. BAY DR. #412 LARGO FL
NAME	VP WYATT BAKER 3660 EAST BAY DR 412 LARGO FL 34641
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

NAME	Sect./Treas. Sara R. Baker 1236 Caracas Ave. Clearwater, FL 34624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Leslie Baker* Leslie Baker, Dir. 5/8/95 813-530-0539