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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Blo

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V24117** 

(6)

C&B COMPUTERS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 2081 POST OFFICE BOX 2081 FLGLER BCH. FL 32136-2081 FLGLER BCH. FL 32136 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1992 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3123835 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THULIN, BETH N. 1008 S DAYTONA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FLGLER BCH. FL 32136 83 Zip Code 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 familia? with and accept the obligation of, Section 607 0505, Florida Statutes. **U~**Q SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **PVPS** DELETE Change Addition TPLE 1.1 TITLE THUUN, BETH N. 1.2 NAME NAME 1008 S DAYTONA AVE. STREET ADDRESS 1.3 STREET ADDRESS FLGLER BCH. FL 1.4 CiTY-ST-ZIP Colly - St - ZIP Addition DELETE ☐ Change "IIIE 2.1 TITLE THULIN, BETH N. NAME 2.2 NAME 1008 S DAYTONA AVE. 2.3 STREET ADDRESS STREET ADDRESS FLGLER BEACH FL CITY ST 2 4 CITY-ST-ZIP Change DELETE Addition III.E 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY-ST-ZIP CITY-ST-Z-P DELETE Change \_\_ Addition HHE 4.1 TITLE NAME 4. 2 NAMS STREET ADDRESS 4.3 STREET ADDRESS  $C(1_T \cdot S) \cdot 7|P$ 4.4 CITY - ST - ZIP Addition DELETE Change 11116 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDINESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition Change 1411.0 6.1 TITLE MAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP City SI-ZE

14. I do hereby certify that the information supplied with this filing 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

an attachment with an address.

Daytime Phone #

**FILED** 

Apr 28 1997 8:00am

Secretary of State

(96/6)