**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90010 041 \*\*\*150.00

## DOCUMENT # 557826

1. Corporation Name

ECONOMY COMPLITING STORES INC

ECONON	TE COMPUTING STORES, IN	10.		•					
Principal Place	of Business	М	ailing Address			*	- ( )	1 Minit minit	01011 01011 1081
6930 ALOMA AVENUE 6930 ALOMA AVENUE									
WINTER PARK FL 32792 WINTER PARK FL 32792							DO NOT WRITE IN THE	2405	
							DO NOT WRITE IN THIS S	PACE	1
							3. Date Incorporated or Qualifed		ļ
		1.	4 - N A - Lal				01/01/1978 4. FEI Number		oplied For
2. Principal Pi	lace of Business	2a	. Mailing Address					_ <del>                                      </del>	ot Applicable
21		26	Cuite Ant # etc				59-1783935		Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		equired =
22		27	City & State				a Flating Compaign Financing		May Be
City & State	<del>e</del>		Oity & State				6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip	Country	28	Zip	Count	~		8. This corporation owes the current year Intar		
·	25	29	·	30	,			] Yes	□No
24	9. Name and Address of Curren		···-	, , , , , , , , , , , , , , , , , , ,			10. Name and Address of New Registered A	gent	
	S. Italia State Control			8	1	Name		_	
VAPI	HIADES, PETER			-	_	Ot and diden	(D.O. Barrish New Josephania)		
6930 ALOMÁ AVENUE				8	2	Street Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32792				8	3				
				8	4	City	FL	85 Zip	Code
agent. I a	m familiar with, and accept the obligation of th	tions of	f applicable. (NOTE: I	da Statute	9S.	t signature required v			
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	PSD		☐ DELETE	1,1 TITLE				Change	
NAME	VAPHIADES, PETER			1.2 NAME					
STREET ADDRESS	6930 ALOMA AVE.			1.3 STRE	EΤ	ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY	_	- ZIP		Change	☐ Addition
TITLE	V		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	VAPHIADES, MARCIA			2.2 NAME	E				
STREET ADDRESS	6930 ALOMA AVENUE			2.3 STRE	EΤ	ADDRESS			-
CITY-ST-ZIP	WINTER PARK FL 32792			2. 4 CITY		T-ZIP		Change	☐ Addition
TITLE			☐ DELETE	3.1 TITLE			_	☐ Change	
NAME:				3.2 NAMI			•		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4. CITY		r-zip		["] Change	☐ Addition
TITLE			☐ DELETE	4.1 TITLE				□ wanê	
NAME				4.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			D DELETE	4.4 CITY		-ZIP		Change	Addition
TITLE			☐ DELETE	5.1 TITLE					ا برورونون
NAME -				5.2 NAM					
STREET ADDRESS						ADDRESS		•	
CITY-ST-ZIP				5.4 CITY 6.1 TITLE		LIP		Change	Addition
TITLE			☐ DETE!E	6.2 NAM					
NAME	I			Q.Z IVAM	_	l .			j

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR