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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 63

634414

(7)

THRNKEY	MINI-COMPUTER	SYSTEMS	INC
LOHIMAL		OTOTEINO.	IIVU.

Principal Place	of Business		М	alling Address		-		_					
600 S.W. 75 TERRACE PLANTATION FL 33317				600 S.W. 75 TERRACE PLANTATION FL 33317					., ., ., ., ., .,				
- Datinio	V 1			PENNIAHON PE 3331	,			3	Date Incorporated or Qualified 08/30/1979	1	of Last R	•	
2. Principal Pl	ace of Busin	ess	. 2a.	Mailing Address				4	, FEI Number	U		Applied For	
21			26						59-1935143			Not Applicable	le
Suite, Apt.			27	Suite, Apt. #, etc.	· • • • • • • • • • • • • • • • • • • •			5	i, Certificate of Status Desired			5 Additional Required	
City & State	e 		28	City & State				6	Election Campaign Financing Trust Fund Contribution			May Be	
Zip		Country		Ζıρ	⊢—	ıntry	1	8	. This corporation has liability for		x under s	199.032,	
24	a Nome	25	29	A 4 1	30	,				□ No			
	9, Name	and Address of Cu	rrent Hegis	tered Agent		81	Name	10). Name and Address of New F	legistered .	Agent		
						"	Name						
PINCU, DANIEL S. 600 S.W. 75TH TERRACE				82		ess (F	P.O. Box Number is Not Acceptab	ole)					
PLANTA	TION FL 3	3317				83							
						84	,			FL	. [ip Code	
or register	ea agent, or	Dotn, in the State of I	Iorida, Sucr	7.1508, Florida Statut i change was authoriz 0505, Florida Statutes	ed by the	ove-r corp	named corpora coration's board	ation d of d	submits this statement for the pur directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	egistered offic Lagent, Lam	ce
SIGNATURE													
12.	algrature, typed	or printed name of registered.	AND DIREC		13.	Agen	nt signature required	when	reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIDECTO	3DC (N. 12)	– છે
TITLE	DP	O/ TOLITO	7 11 12 211 120	DELÉTE	1.13	TTLE		٠.	ADDITIONS/CHANGES TO OFF		Change	Addition	CR2E034 (12/95)
NAME		DANIEL S.			1.2 N						_ 5.12.1gv		4
STREET ADDRESS		V. 75TH TERRACE					ADDRESS						8
CiTY+S1-ZiP		ATION FL					ST-ZIP						岌
TITLE		***************************************		DELETE	2 1 1						Change	Addition	⊣'Ե
NAME					2.2 N	AME				_	_	•	
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CITY - ST - ZIP					2.4 C	ITY-S	31 - ZIP						1
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NAME					32 N	AME							
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CITY - ST - ZIP					3.4 C	TY-S	ST-ZIP						
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NAME					4.2 N	AME							
STREET ADDRESS		•			4.3 \$	reet	ADDRESS						
CITY-ST-ZIP					4.4 C	1Y - S	T-ZIP						
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CITY - ST - ZIF							T-ZIP						_
THILE				☐ DELETE	617	ITLE					Change	Addition	
NAME .					62 N								
STREET ADORESS					635	REET	ADDRESS						
CITY - ST - ZIP					64C	IV-S	1-2IP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

DATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-W8 954-792-469A