

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **829831** (7)

1. Corporation Name
JIM WALTER COMPUTER SERVICES, INC.

Principal Place of Business
1500 N. DALE MABRY
TAMPA FL 33607-2551

Mailing Address
1500 N. DALE MABRY
TAMPA FL 33607-2551



3. Date Incorporated or Qualified 04/02/1973	3a. Date of Last Report 02/20/1996
4. FEI Number 59-1438152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DURHAM, ROBERT G.
STREET ADDRESS	1500 N DALE MABRY HWY
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	LAMMONS, W.M.
STREET ADDRESS	1500 N DALE MABRY HWY
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WELDON, W H
STREET ADDRESS	1500 N DALE MABRY HWY
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HYATT, KENNETH E
STREET ADDRESS	1500 NORTH DALE MABRY HWY
CITY - ST - ZIP	TAMPA FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	EISCH, CYNTHIA B
STREET ADDRESS	1500 NORTH DALE MABRY HWY
CITY - ST - ZIP	TAMPA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SNOW, M.C.
STREET ADDRESS	1500 N DALE MABRY HWY
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fjelstul, Dean M.
1.3 STREET ADDRESS	1500 N.Dale Mabry Highway
1.4 CITY - ST - ZIP	Tampa, FL 33607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kurucz, Donald M.
3.3 STREET ADDRESS	1500 N.Dale Mabry Highway
3.4 CITY - ST - ZIP	Tampa, FL 33607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Porter, Edward A.
6.3 STREET ADDRESS	1500 N. Dale Mabry Highway
6.4 CITY - ST - ZIP	Tampa, FL 33607

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 appears in Block 12 or Block 13, if applicable, or on a certificate of appointment with the address:

JIM WALTER COMPUTER SERVICES, INC.

SIGNATURE: *By [Signature]* Asst. Treasurer

2/21/97 (813) 871-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

January 15, 1997

JIM WALTER COMPUTER SERVICES, INC.
1500 North Dale Mabry Highway
Tampa, Florida 33607

MAILING ADDRESS

P. O. Box 31601
Tampa, Florida 33631-3601

(Subsidiary of Computer Holdings Corporation)

Employer Identification Number 59-1438152

DIRECTORS:

Dean M. Fjelstul
Kenneth E. Hyatt

OFFICERS:

TITLE:

Dean M. Fjelstul	President and Treasurer
Jack Fowler	Vice President
Donald M. Kurucz	Vice President
William M. Lammons	Vice President
Edward A. Porter	Secretary
Mary C. Snow	Assistant Secretary
Cynthia B. Eisch	Assistant Treasurer
Stephen H. Foxworth	Assistant Treasurer

.....

Incorporated in Delaware February 20, 1973

Registered Agent: The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, Delaware 19801