

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:40

DOCUMENT # **F36713** (8)

1. Corporation Name
COMPUTERMAX, INC.

| | |
|--|--|
| Principal Place of Business 702 W. SAUNDERS ST. PO BOX 1865 PLANT CITY FL 33564-8865 | Mailing Address 702 W. SAUNDERS ST. PO BOX 1865 PLANT CITY FL 33564-8865 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/29/1981 | 3a. Date of Last Report 06/01/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2320618 | Applied For <input type="checkbox"/> Not Applicable |
| City & State Zip Country | City & State Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

FALANY, JO ELLEN
702 W SAUNDERS ST PO BOX 1865
PLANT CITY FL 33566

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.03(2) and 607.4508, 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 607.4505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and zip code

(NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | FALANY, JO ELLEN 702 W. SAUNDERS ST PLANT CITY FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STD | FALANY, CURTIS E 702 W. SAUNDERS ST. PLANT CITY FL | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| | | 3.1 TITLE | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

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 110.07(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: *[Signature]* **Curtis E Falany**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/28/95** 813-752-9213