

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F36713 (8)

1. Corporation Name

COMPUTERMAX, INC.



Principal Place of Business

Mailing Address

702 W. SAUNDERS ST.
PO BOX 1865
PLANT CITY FL 33564-8865

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PO BOX 1865
PLANT CITY FL 33564-8865

3. Date Incorporated or Qualified
05/29/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 802 E. Baker St.

26 802 E. Baker St.

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 Plant City, FL

28 Plant City, FL

City & State

City & State

24 33566

25 Hillsborough

29 33566

30 Hillsborough

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Falany, Curtis E.

82 Street Address (P.O. Box Number is Not Acceptable)

802 E. Baker St. Suite #3

83

84 City

Plant City

FL

85 Zip Code

33566

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FALANY, JO ELLEN
STREET ADDRESS 702 W. SAUNDERS ST.
CITY-ST-ZIP PLANT CITY FL

TITLE STD
NAME FALANY, CURTIS E
STREET ADDRESS 702 W. SAUNDERS ST.
CITY-ST-ZIP PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Falany, Curtis E.
1.3 STREET ADDRESS 802 E. Baker St. Suite #3
1.4 CITY-ST-ZIP Plant City, FL 33566

2.1 TITLE STD
2.2 NAME Falany, Jo Ellen
2.3 STREET ADDRESS 802 E. Baker St. Suite #3
2.4 CITY-ST-ZIP Plant City, FL 33566

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis E. Falany

DATE

813-752-9243

Examine Print ID #

CR2E034 (3/96)