

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 802 E. Baker St. 22 #3 23 Plant City, FL 24 33566	2a. Mailing Address 26 802 E. Baker St. 27 #3 28 Plant City, FL 29 33566 Country Hillsborough
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3. Date Incorporated or Qualified 05/29/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2320618	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	FALANY, JO ELLEN	
STREET ADDRESS	702 W. SAUNDERS ST.	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	STD	<input type="checkbox"/>
NAME	FALANY, CURTIS E	
STREET ADDRESS	702 W. SAUNDERS ST.	
CITY - ST - ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Curtis E. Falany* DATE: 813-752-9243

CR2E034 (3/96)