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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TOTAL INFORMATION COMPUTERS INC.  Principal Place of Business  2700 N.W. 62ND ST. C-107 FT LAUDERDALE FL 33309  Mailing Address  2700 N.W. 62ND ST. C-107 FT LAUDERDALE FL 33309							
					3. Date Incorporated or Qualified 02/23/1983	3a. Date of Last 04/25/1996	
Principal Place of Business 21		2a. Mailing Address 26	— ·		4. FEI Number 59-2256959	I toppose to	
Suite, Apl.	. #, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired		Additional Required
City & Stat	te	City & State	28		Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
7ip	Country 25	Zip 29	ip Country		8. This corporation has liability for i	ntangible tax under Yes \(\Boxed{\omega}\) No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
MASH, STUART F 2700 N.W. 82ND ST. C-107 FT LAUDERDALE FL 33309				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
11. Pursuant office or agent 1 a SIGNATURE	to the provisions of Sections 607 05 registered agent, or both, in the Stat arm familiar with, and accept the obli- Signature typed or panted manic of registered a	te of Florida. Such change wa gations of, Section 607,0505,	is authorized t Florida Statuti	ve-named co by the corpor es.	rporation submits this statement for the p ation's board of directors. I hereby accep uked when reinstating)	urpose of changing at the appointment a	s registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS City-ST-7IP	PTD MASH, STUART F. 8825 NW 18TH ST CORAL SPRINGS, FL 00000	☐ DELETE	1.3 TITLE 1.2 NAME 1.3 STREI 1.4 CITY	ET ADDRESS		∟] Change	Addition
TITLE NAME STREET ADDRESS	VSD MASH, MARTIN I. 8825 NW 18TH ST CORAL SPRINGS FL	DELETE		ET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS	CONL SPRINGS PE	☐ DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE			Change	Addition
THE NAME STREET ADDRESS		DELETE	3.4. CITY 4.1 THILE 4.2 NAM 4.3 STREI			☐ Change	Addition
CHY-ST-ZIP THEF NAME STREET ADDRESS		DELETE		ET ADDRESS		☐ Change	Addition
CITY-ST ZIP TITLE NAME		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME			Change	Addition

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

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS City - ST - ZIP

**FILED** 

Apr 14 1997 8:00am

Secretary of State