

**CORPORATION  
ANNUAL REPORT  
1995**

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

**FILED**

**95 MAY -1 PH11: 57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J10816**

**(3)**

1. Corporation Name

**COMPUTER CD WAREHOUSE, INC.**

Principal Place of Business

**7894 BIRD ROAD  
P.O. BOX 163539  
MIAMI FL 33155  
US**

Mailing Address

**7894 BIRD ROAD  
P.O. BOX 163539  
MIAMI FL 33155  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1986**

3a. Date of Last Report

**05/24/1994**

4. FEI Number

**59-2674233**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 7875 BIRD ROAD**

2a. Mailing Address

**26 Suite, Apt. #, etc.  
27 P.O. Box 163539**

Suite, Apt. #, etc.

**22 SUITE 223**

Suite, Apt. #, etc.

**27 P.O. Box 163539**

City & State

**23**

City & State

**28**

Zip

County

**24**

Zip

County

**29**

**30**

9. Name and Address of Current Registered Agent

**SPANIOLI, JOHN M.  
8741 SW 54 STREET  
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | PTS               |
| NAME            | SPANIOLI, JOHN M. |
| STREET ADDRESS  | 8741 SW 54 STREET |
| CITY - ST - ZIP | MIAMI 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            |                                                                   |
| 1 3 STREET ADDRESS  |                                                                   |
| 1 4 CITY - ST - ZIP |                                                                   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME            |                                                                   |
| 3 3 STREET ADDRESS  |                                                                   |
| 3 4 CITY - ST - ZIP |                                                                   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*John M. Spanioli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SPANIOLI

4/28/95

305 267 7727