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

PROFIT **CORPORATION ANNUAL REPORT**



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

		99	O
•	 	 	

1. Corporation	MENT # J117 W COMPUTER & TECHNO	\ - /		 	
Principal Place	of Business	Mailing Address			
5200 NEWBERRY RD. STE E-3 GAINESVILLE FL 32607		5200 NEWBERRY RD. STE E-3 GAINESVILLE FL 32607			
A D: : 10				Date Incorporated or Qualified 04/30/1986	3a. Date of Last Report 03/17/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		59-2677378	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Ro
Zip	Country	28 Zip		The contraction	Added to Fees
24	25	29	Country 30	8. This corporation has liability for int	
	9. Name and Address of Curre			10. Name and Address of New Re-	=
			81 Name		
	STEIN, PAUL S.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)
	E. 1ST STREET		83		
GAINE	SVILLE FL 32801		63		
			84 City		85 Zip Code
SIGNATURE	ad agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature typod or printed name of registered agent	our cor.coco, richida Statute	ities, the above hamed corpor ized by the corporation's boar as.	ation submits this statement for the purpo d of directors. I hereby accept the appoir	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 19
THLE	PTS	☐ DELETE	1 1 TITLE		Change Addition
NAME	CHOW, TAIYING		1.2 NAME		
STREET ADDRESS	115 NW 99 TERRACE GAINESVILLE FL	•	1.3 STREET ADDRESS		
CITY - ST - ZIP	CAMESVILLE FL	DELETE	1.4 CITY - ST - ZIF 2 1 TITLE		
NAME			2 2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADORESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME STOCET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP Titl E		[] DELETE	3 4 CITY - S1 - ZIP 4 1 TITLE	- /	Change D 44 PC
NAME		- Decrie	4 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME CTOSET ADDRESS			5.2 NAME		
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		D. (h
NAME		- otter	62 NAME		Change Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(1Y - S1 - Z(P		
oath; that I a		ration or the receiver or truste	hished and does not qualify for hual report is true and accurations are mnowered to execute this	r the exemption stated in Section 119.07) e and that my's gnature shall have the sar report as required by Chapter 607, Floric	

SIGNATURE: 100 CHOW TAIYING CHOW 3/14/96 352-373-4970