

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J43293**

(6)

1. Corporation Name

ACCESS COMPUTER, INC.



Principal Place of Business

**3800 TAMPA RD.
OLDSMAR FL 34677**

Mailing Address

**3800 TAMPA RD.
OLDSMAR FL 34677**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 **380 Starlet Blvd**

City & State

23 **Oldsmar, FL**

Zip

24 **34677**

25

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **380 Starlet Blvd**

City & State

28 **Oldsmar, FL**

Zip

29 **34677**

30

County

9. Name and Address of Current Registered Agent

**LINTON, MARVIN S.
3800 TAMPA ROAD #140
OLDSMAR 34677**

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 607.0012 and 607.15, Florida Statutes, the above named corporation hereby certifies the 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0015, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	LINTON, MARVIN S.	
STREET ADDRESS	3800 TAMPA ROAD, #140	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	380 Starlet Blvd.
14 CITY-ST-ZIP	Oldsmar, FL 34677
21 NAME	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 NAME	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 NAME	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 NAME	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 NAME	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 118.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 name of the officer or director is engraved thereon. As this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition in Block 13.

SIGNATURE:

Marvin S. Linton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-96 **813-855-5135**
Date Filed

CR2E034 (12/95)