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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J95850

1. Corporation Name

THE CO	UNTRY HOME COMPUTE	R, INC.				
Principal Place	of Punipage	Mailing Address	 	{	IBST BINDI NENTE DINDI NE	O() O(O)) (OO)
•		% HARMON D. BIEHL		1		
% HARMON D. 7353 SAND LAF		7353 SAND LAKE RO				
ORLANDO FL 32819		ORLANDO FL 32819		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
ļ				10/02/1987		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26	<u>, -</u>	59-2847144		Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
22		27	- 1 5 L	· · · · · · · · · · · · · · · · · · ·	ree Req	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	
23		28		Trust Fund Contribution	Added to	rees
Zip	Country	Zíp	Country	8. This corporation owes the current year		□No
24	25	29	30	Personal Property Tax. 10. Name and Address of New Registe		
<u></u>	9. Name and Address of Curr	rent Registered Agent	81 Name	IV. Name and Address of New Registe	red Agent	
RIFH	IL, HARMON D.					
	SPRINGSIDE CT		82 Street Add	iress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32819		83	,		
	74150 12 02010		03			
}			84 City		FL 85 Zip Ci	ode
	60 11 007 0	EDD 1 007 4500 F11- Ctt	too the shows semed cor			egistered
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Fi	orida Statutes.			•
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CITY-ST-ZIP 14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90178 033 ***150.00