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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K33511

1. Corporation Name

COMPUTER PRODUCTS DEALER, INC.

Principal Place of Busines	38

Mailing Address

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90033 012 ***150.00



85

Zip Code

	N UNIVERSITY DRIVE ABROKE PINES FL 33024	211 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024		DO NOT WRITE IN THIS	SPACE
	•			3. Date Incorporated or Qualifed 09/12/1988	
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11	•	26		65-00714 <u>27</u>	Not Applicable
<u>س</u>	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23	City & State	City & State	- 	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
···	Zip Country		intry	This corporation owes the current year Inta Personal Property Tax.	angible ∐Yes □No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ARON, MARK 211 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
			}		

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	ARON, MARK	1.2 NAME						
STREET ADDRESS	5239 S.W. 117TH AVE	1.3 STREET ADDRESS						
CITY+ST-ZIP	COOPER CITY FL	1.4 CITY+ST+ZIP						
ΠLE	D . DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAMÉ	ARON, MARIA	2.2 NAME						
STREET ADDRESS	5239 SW 117TH AVE	2.3 STREET ADDRESS						
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP						
TITLE	DELETE	3.1 TITLE	Change Addition					
NAME	ad	3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	□ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME	•	4. 2 NAME						
STREET ADDRESS	,	4.3 STREET ADDRESS						
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME	•					
STREET ADDRESS	:	5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>					
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CiTY-ST-ZIP		6.4 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 supplied with this limits does not quality for the exemption stated in Section 179.07(3)(f), Florida Statutes. I formed certify that the mindicated 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 an attachment with an address, with all other like empowered.

SIGNATURE: