

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K55719**

(4)

1. Corporation Name

ONLINE COMPUTER SALES, INC.



Principal Place of Business

**% JULIA A. RANDALL
1399 SHADY OAK LANE
TARPON SPRINGS FL 34689**

Mailing Address

**% JULIA A. RANDALL
1399 SHADY OAK LANE
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
59-2939077

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDALL, JULIA A.
1399 SHADY OAK LANE
TARPON SPRINGS FL 34689**

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 607.1506, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DPT	☐ DELETE
2. NAME	RANDALL, JULIA A.	
3. STREET ADDRESS	1399 SHADY OAK LANE	
4. CITY - ST - ZIP	TARPON SPRINGS FL	
5. TITLE	DVS	☐ DELETE
6. NAME	RANDALL, RONALD L.	
7. STREET ADDRESS	1399 SHADY OAK LANE	
8. CITY - ST - ZIP	TARPON SPRINGS FL	
9. TITLE	MVT	☐ DELETE
10. NAME	RANDALL, PATRICIA E.	
11. STREET ADDRESS	1399 SHADY OAK LANE	
12. CITY - ST - ZIP	TARPON SPRINGS FL	
13. TITLE	MVS	☐ DELETE
14. NAME	RANDALL, BARBARA A.	
15. STREET ADDRESS	1399 SHADY OAK LANE	
16. CITY - ST - ZIP	TARPON SPRINGS FL	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(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 charged, or on or after I meet with an address.

SIGNATURE:

Julia A. Randall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96

813-934-8047

CR2E034 (12/95)