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

1996

K81925

(5)

ELIASHIM MICROCOMPUTERS, INC.

Principal Place of Business
4005 WEDGEMERE DR. TAMPA FL 33610
IIS

DOCUMENT #

Mailing Address

17904 N.W. 12TH ST. PEMBROKE PINES FL 33029

03	00		04/20/1989	te of Last Report 01/19/1995
2. Principal Place of Business 21 SW 129 AVENU	2a. Mailing Address 26 17904 A	IN 12 TE ST	4, FEI Number 59-2945707	Applied For Not Applicable
Strite: Apt. #, etc. 22 SVITG 0.5	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PENBLOKE PINES	City & State FL 28 PEABROLE	PINES FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33027 [Country 25] USA	4 29 33029	Gountry 30 VS4	8. This corporation has liability for intangible Florida Statutes Yes No	tax under s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
		81 Name		
DOVER, MOTI J. 17904 N2 12TH ST.		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33029		83		
		84 City	FI	85 Zip Code
or registered agent or fietty in the State familiar with, and accept the obligations SIGNATURE	e of Floricla Such change was authorized of, Section 607,0505, Florida Statutes. OT(J DOFFE - RIPSIO	d hy the corporation's board	when reinstating) DATE	as registered agent. I am
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
PD POYED HOTH	DELETE	t. 1 TITLE		Change Addition
NAME DOVER, MOTI J	T	1 2 NAME		
STREET ADDRESS 17904 N.W. 12TH ST		1 3 STREET ADDRESS		
the fact that the same and the	"L □ DELETE	2 1 TITLE		Change Addition
NILE NILE		2 2 NAME		The clouds The vacuum
NGM-		2.3 STREET ADORESS		
STREET ACCOREGS CITY STACK		2 4 CITY - ST - ZIP		
THE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City St Zie		3.4 CITY - ST - ZIP	1	
1-111	DELETE	4 1 TIFLE		Change Addition
NAME		4 2 NAME		
STEVET ADDRESS		4.3 STREET ADDRESS		
CHY SI-ZIF		4 4 CITY ST-ZIF		PT Channa TT Addition
TiftF	☐ DELETE	5 1 TiTLE		Change Addition
NAME		5.2 NAME		
STREET AUCHESS		5.3 STHEET ADDRESS		
THE	DELETE	5 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
FAM:	L.J Dicere	62 NAME		
		63 STREET ADDRESS		
STREET ANGRETS CHY ST ZIP	\wedge	64 CITY - ST - ZIP		
	supplied with this fling is voluntarily furnis		or the exemption stated in Section 119.07(3)(k).	Florida Statutes, I further

roo making certify that the information information as supplies with this ring is voluntarily furnished and does not quality for the exemption stated in Section 119.0765(kg, Florida Statutes, 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.

SIGNATURE:

PRESIDENT.

CR2E034 (12/95)