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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L24075** (8)

1. Corporation Name
EASY ONE COMPUTER CORPORATION



Principal Place of Business
**9821 SOUTHWEST 141ST DRIVE
MIAMI FL 33178**

Mailing Address
**9821 SOUTHWEST 141ST DRIVE
MIAMI FL 33178-6739**

3. Date Incorporated or Qualified
10/19/1989

3a. Date of Last Report
04/30/1996

2. Principal Place of Business
21 **5605 S.W. 97 TERRACE**

2a. Mailing Address
26 **5605 S.W. 97 TERRACE**

Suite, Apt. #, etc.

22

27

City & State

23 **COOPER CITY FL**

28 **COOPER CITY FL**

Zip Country

24 **33328** 25 **USA**

29 **33328** 30 **USA**

9. Name and Address of Current Registered Agent

**BAUM, ARNOLD
9821 S.W. 141 DRIVE
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5605 S.W. 97 TERRACE

83

84 City
COOPER CITY FL

85 Zip Code
33328

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, ARNOLD	1.2 NAME	
STREET ADDRESS	9821 SW 141 DR	1.3 STREET ADDRESS	5605 S.W. 97 TERRACE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, ILENE	2.2 NAME	
STREET ADDRESS	9821 SW 141 DR	2.3 STREET ADDRESS	5605 S.W. 97 TERRACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Arnold Baum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (954) 680-9790
Date Daytime Phone #

CR2E034 (9/96)