**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 06 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 # L32357** (0)

1. Corporation Name
**ONE STOP COMPUTER SHOP INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2455 E SUNRISE BLVD<br>SUITE 307<br>FT LAUDERDALE FL 33304<br>US | 2455 E SUNRISE BLVD<br>SUITE 307<br>FT LAUDERDALE FL 33304-3106<br>US |

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 10/07/1996

| | |
|---|---|
| 2. Principal Place of Business — 21: 5278 NE 6TH AVE | 2a. Mailing Address — 26: ~~PO BOX~~ 5278 NE 6TH AVE |
| Suite, Apt. #, etc. — 22: 19L | Suite, Apt. #, etc. — 27: 19L |
| City & State — 23: FT LAUD, FL | City & State — 28: FT LAUD FL |
| Zip — 24: 33334; Country — 25: USA | Zip — 29: 33334; Country — 30: USA |

4. FEI Number: 65-0169613 ☐ 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 |
|---|---|
| FUSCO, PATSY<br>443 HENDRICKS ISLE<br>FT LAUDERDALE FL FL 33301 | 81 Name:<br>82 Street Address (P.O. Box Number is Not Acceptable): 5278 NE 6TH AVE 19L<br>83<br>84 City: FT LAUD FL 85 Zip Code: 33334 |

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: P Fusco — 4/19/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | FUSCO, PATSY | | 1.2 NAME | |
| STREET ADDRESS | 443 HENDRICKS ISLE | | 1.3 STREET ADDRESS | 5278 NE 6TH AVE 19L |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | | 1.4 CITY-ST-ZIP | FT LAUDERDALE FL 33334 |
| TITLE | TS | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FUSCO, FRANK | | 2.2 NAME | |
| STREET ADDRESS | 5278 NE 6TH AVE. 19L | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 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 | |
| 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 | |

CR2E034 (9/96)

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: FRANK FUSCO 4/26/97 (954) 493 831