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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997			y of State ORPORATIONS	Secreta	ry of S	tate
	MENT # L4022 COMPUTERS, INC.	2 ((6)				
1,00111	oom ording mo.						
'rincipal Plac	e of Business	Mailing Add	dress			II BII BIIDH BIBN BIBN BIBN BIBN I	
1167 US HIGH TE - 285	IWAY 19N	18167 US HK STE - 285	GHWAY 19N				
LEARWATER F	FL 34624	CLEARWATER	R FL 34624		110000000000000000000000000000000000000		
\$		U\$			3. Date Incorporated or Qualified 12/29/1989	3s. Date of Last R 05/01/1996	seport
2. Principal P	Place of Business	2a. Mailing	Address	-	4. FEI Number 59-2984538	- 	oplied For ot Applicable
Suite, Apt.	#, etc	Suite, A	pt. #, etc.	117	5. Certificate of Status Desired	\$8.75	Additional equired
City & State	е	City & S	tate		6. Election Campaign Financing	\$5.00	May Be
Z _i p	Country	28		Country	Trust Fund Contribution 8. This corporation has liability for		to Fees 199.032.
<u> </u>	25	29		30	Florida Statutes	Yes 🔯 No	
1 AA41	Name and Address of Cu Name and Address of Cu Name and Address of Cu	rrent Hegistered Ag	ent	81 Name	10. Name and Address of New Re	gistered Agent	
18167 US HIGHWAY 19 N				82 Street Add	dress (P.O. Box Number is Not Acceptab	اهاد	
	- 285				JIESS (F.O. DOX NUMBER IS NOT ACCEPTAL	ле)	
CLE/	ARWATER FL 34624		•	83			
				84 City		FL 85 Zip	Code
	to the provisions of Sections 607.	0502 and 607.1508,	Florida Statute	es, the above-named cor	rogration submits this statement for the n	burpose of changing i	ts registered
					poration submits this statement for the pation's board of directors. I hereby acception		registered
SIGNATURE	Styriature, typed or printed name of registers			uthorized by the corpora rida Statutes. Registered Agent signature requ		DATE	
IGNATURE	Sturning lyped or proted name of registers OFFICE RS	d agent and title it applicable		: Registered Agent signature requ	uired when reinstating)	DATE	RS IN 12
SIGNATURE I 2. ITLE AME	Sturning hyperd or protect name of registers OFFICE RS FAULKNER, ANDREW J.	d agent and title if approable AND DIRECTORS	. (NOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. THE AME TREET ADDRESS	Stockhole typed or proted randool registers OFFICERS P FAULKNER, ANDREW J. 18167 US HIGHWAY 19 N /	d agent and title if approable AND DIRECTORS	. (NOTE	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
RIGNATURE 12. THE AME TREET ADDRESS DITY-ST-ZIP	Sturning hyperd or protect name of registers OFFICE RS FAULKNER, ANDREW J.	d agont and title it approache AND DIRECTORS STE - 285	NOTE (NOTE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
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