

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70337 (5)

1. Corporation Name
ANDERSON COMPUTER SERVICES, INC.



Principal Place of Business Mailing Address
19610 W. LAKE DRIVE MIAMI FL 33015 US

3. Date Incorporated or Qualified **05/04/1990** 3a. Date of Last Report **01/27/1995**
4. FEI Number **65-0192012** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**ANDERSON CLAIRE
19610 W LAKE DRIVE
MIAMI FL 33015**

10. Name and Address of New Registered Agent
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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE	NAME ANDERSON, ROBERT M.	1. TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19610 W LAKE DR	CITY-STATE-ZIP MIAMI FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT <input type="checkbox"/> DELETE	NAME ANDERSON, CLAIRE	3. TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 19610 W LAKE DR	CITY-STATE-ZIP MIAMI FL	3.2 NAME CLAIRE ANDERSON	
TITLE SECRETARY <input type="checkbox"/> DELETE	NAME CLAIRE ANDERSON	3.3 STREET ADDRESS 19610 W. LAKE DR	
STREET ADDRESS 19610 WEST LAKE DRIVE	CITY-STATE-ZIP MIAMI FL 33015	3.4 CITY-STATE-ZIP MIAMI FL 33015	
TITLE TREASURER <input type="checkbox"/> DELETE	NAME RUSSELL SHULMAN	4. TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 19610 WEST LAKE DRIVE	CITY-STATE-ZIP MIAMI FL 33015	4.2 NAME RUSSELL SHULMAN	
TITLE	NAME	4.3 STREET ADDRESS 19610 W. LAKE DR	
STREET ADDRESS	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP MIAMI FL 33015	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	6.4 CITY-STATE-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 changed, or on an attachment with an address.

SIGNATURE: Claire Anderson 2/26/96 305 829-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)