

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L86394** (8)

1. Corporation Name

**COMPATIBLE COMPUTERS, INC.**



Principal Place of Business

Mailing Address

**292 US ALT 19 N  
PALM HARBOR FL 34683  
US**

**292 US ALT 19 N  
PALM HARBOR FL 34683  
US**

3. Date Incorporated or Qualified  
**06/29/1990**

3a. Date of Last Report  
**08/17/1995**

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

29 Zip Country

4. FEI Number  
**59-3017538**

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

**SIDEWELL, JANE  
292 US ALT 19 N  
PALM HARBOR FL 34683**

81 Name **IVAN SERRANO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**292 U.S. ALT 19 N**

83

84 City **PALM HARBOR** FL 85 Zip Code **34683**

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

*[Signature]* **IVAN SERRANO**  
Signature, typed or printed name of registered agent and the filer, if applicable.

**PRESIDENT**  
(If 307E Registered Agent signature required when reinstating)

**4/29/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD SERRANO, IVAN**  
STREET ADDRESS **1508 NORTH SATURN AVENUE**  
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME **TD SERRANO, KAREN W.**  
STREET ADDRESS **1508 NORTH SATURN AVENUE**  
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☒ DELETE  
NAME **TD SIDWELL, THOMAS GREGORY**  
STREET ADDRESS **1838 PIPERS MEADOW**  
CITY - ST - ZIP **PALM HARBOR FL**

TITLE ☒ DELETE  
NAME **TD SIDWELL, JANE S.**  
STREET ADDRESS **1838 PIPERS MEADOW**  
CITY - ST - ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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:

*[Signature]* **IVAN SERRANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96** **813-796-9545**  
Date Daytime Phone #

CR2E034 (12/95)