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Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M40345  
1. Corporation Name  
COMPUTER PARTS OUTLET, INC.

(4)



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O RALPH ROSELLI 33 SOUTHEAST 1ST AVENUE DELRAY BCH FL 33444		Mailing Address C/O RALPH ROSELLI 33 SOUTHEAST 1ST AVENUE DELRAY BCH FL 33444	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent ROSELLI, HELEN 33 SOUTHEAST 1ST AVENUE DELRAY BCH FL 33444		10. Name and Address of New Registered Agent 81 Name RALPH ROSELLI 82 Street Address (P.O. Box Number is Not Acceptable) 33 SE. 1ST AVENUE 83 84 City DELRAY BEACH FL 85 Zip Code 33444	

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 Ralph Roselli X RALPH ROSELLI X 1-13-98  
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	PD	1.1 TITLE	
NAME	ROSELLI, HELEN	1.2 NAME	
STREET ADDRESS	3900 N.OCEAN BLVD.#3A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ROSELLI, JOSEPH	2.2 NAME	
STREET ADDRESS	3908 SO. OCEAN BLVD., APT. M-124	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VP-D
NAME	ROSELLI, RALPH	3.2 NAME	
STREET ADDRESS	33 S.E. 1 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: X Ralph Roselli X RALPH ROSELLI X 1-13-98

CR2E034 (10/97)