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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90039 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M60936**

1. Corporation Name
DISKETTES UNLIMITED, INC.

Principal Place of Business DISKETTES UNLIMITED 1782 SANS SOUCI BLVD NORTH MIAMI FL 33181 US	Mailing Address DISKETTES UNLIMITED, INC. 1782 SANS SOUCI BLVD NORTH MIAMI FL 33181 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1987

4. FEI Number

65-0015032

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LANG, LEONARD B.
1471 SO. TREASURE DR.
MIAMI FL 33141**

10. Name and Address of New Registered Agent

81 Name

Nelson LANG

82 Street Address (P.O. Box Number is Not Acceptable)

1782 SANS SOUCI BLVD.

83

84 City

N. MIAMI

FL

85 Zip Code

33181

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

Mel S.
Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANG, NELSON	
STREET ADDRESS	11610 NE 20TH DR	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
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CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-99 (305) 899-1683

CR2E034 (1/98)