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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M65562 **DOCUMENT #**

(4)

COMPUTER LAW, INC.



Principal Place of Business Mailing Address											
1400 CENTREPARK BLVD STE 909 W PALM BCH FL 33401-4409		140 STE	1400 CENTREPARK BLVD STE 909 W PALM BCH FL 33401-4409								
U\$		US					3. Date Incorporated or Qualified 01/22/1988 3a. Date of Last Report 05/01/1995				
2. Principal Pla	ce of Business	2a. M.	i. Mailing Address				4. FEI Number 65-0025219			applied For Not Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State		27 Cr 28	City & Stale				Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip	Country	Zı	9	C	ountry		8. This corporation has liability for		tax under s	199.032,	
24	25	29		30				s No			
	9. Name and Address of Curren	t Register	ed Agent				10. Name and Address of New	Registere	d Agent		
					81	Name				ļ	
BAILEY,						Street Ad	Iress (P.O. Box Number is Not Acceptable)				
1400 CENTREPARK BLVD SUITE 909 WEST PALM BEACH FL 33401											
WES1 P	ALM BEAUTI PL 33401				83						
					84	City		F	L 85 Zip	Code	
or registere familiar with SIGNATURE	od agent, or both, in the State of Floris h, and accept the obligations of, Sect	da, Such ch iori 607.050	nange was authorized 05, Florida Statutes.	d by the	a corp	oratior 's b	ocration submits this statement for the poard of directors. I hereby accept the appropriate the provided whereverting	pointment	as registered	agent. I ani	
12.	OFFICERS AN	D DIRECTO		13	3.		ADDITIONS/CHANGES TO O	FICERS A			
TITLE	D		DEFELE	1	1 TITLE				Change	☐ Addition	
NAME	BAILEY, F. LEE			12	NAME						
STREET ADDRESS	1400 CENTREPARK BLVD			13	STREET	ACORESS					
CITY-ST-ZIP	WEST PALM BEACH FL				CITY - 5	T - ZIF					
TIFLE	D		DEFE16		1 TILLE				Change	☐ Addition	
NAME	HARRIS, HOWARD T.				NAME						
STREET ADDRESS	1400 CETREPARK BLVD			- 1		ADDRESS					
CHTY - ST - ZIP	WEST PALM BEACH FL		DELETE		1 CITY - S 1 TiTLE	ST - ZIP			Change	Addition	
TIFLE			Ц исен		NAME						
NAME						L ADDRESS					
STREET ADDRESS					4 CHTY -S	1					
CITY-ST-ZIP TITLE			DELETE		TITLE	01 - 545.			Change	Addition	
NAME				ı	2 NAME				_		
STREET ADORESS						LADDRESS				Ì	
CITY-ST-ZIF					4 CHY-1						
TITLE			DELFTE		1 THILE				Change	☐ Addition	
NAME				5	2 NAME						
STREET ADDRESS				5	3 STHEE	LADDRESS					
CITY-ST-ZIP				- 1	4 CIFY -:						
TITLE			DELETE		1 TITLE				Change	Addition	

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 environmental 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CHTY - ST - ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 (407)687-3007

CR2E034 (12/95)