

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P06709** (0)

1. Corporation Name

**EMERALD COAST BUSINESS COMPUTERS, INC.**

Principal Place of Business

Mailing Address

795 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

795 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/11/1985** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2537312** 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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

28 City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARSKY, MITCHELL D  
1907 REDWOOD AVENUE  
NICEVILLE FL 32578**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(a) 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 607.05(a) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>BARSKY, MITCHELL D</b>
STREET ADDRESS	<b>1907 REDWOOD AVENUE</b>
CITY, ST, ZIP	<b>NICEVILLE FL 32578</b>
TITLE	<b>TS</b>
NAME	<b>WEINSTOCK, DIANA L</b>
STREET ADDRESS	<b>506 GREENWOOD COVE SOUTH</b>
CITY, ST, ZIP	<b>NICEVILLE FL 32578</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
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 199.032(3)(b) 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 person or persons authorized to prepare or to cause this report to be prepared by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an explanation.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*4/29/95* *904-678-8007*  
DATE Signature