

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06709** (0)
1. Corporation Name
EMERALD COAST BUSINESS COMPUTERS, INC.



Principal Place of Business Mailing Address
**795 JOHN SIMS PARKWAY
NICEVILLE FL 32578**

3. Date Incorporated or Qualified **07/11/1985** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2537312** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 typed or printed name of registered agent and title if applicable

(If DIF Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE	P
NAME	BARSKY, MITCHELL D
STREET ADDRESS	1907 REDWOOD AVENUE
CITY - ST - ZIP	NICEVILLE FL 32578
TITLE	TS
NAME	WEINSTOCK, DIANA L
STREET ADDRESS	508 GREENWOOD COVE SOUTH
CITY - ST - ZIP	NICEVILLE FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE	D
12 NAME	MICHAEL D. WEINSTOCK
13 STREET ADDRESS	506 GREENWOOD COVE S
14 CITY - ST - ZIP	NICEVILLE, FL. 32578
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana L Weinstock

DIANA WEINSTOCK

6/18/96 (904) 678-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Telephone

CR2E034 (3/96)