

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14479** (0)

1. Corporation Name
AVNET COMPUTER TECHNOLOGIES, INC.



Principal Place of Business 1626 S EDWARD DR TEMPE AZ 85281 US	Mailing Address 80 CUTTER MILL RD GREAT NECK NY 11021-3108 US
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3. Date Incorporated or Qualified 05/18/1987	3a. Date of Last Report 02/05/1996
4. FEI Number 41-1530686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALLEE, ROY	
STREET ADDRESS	10950 WASHINGTON BLVD.	
CITY-ST-ZIP	CULVER CITY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACHIZ, LEON	
STREET ADDRESS	80 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BIRK, DAVID R.	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SADOWSKI, RAYMOND	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SADOWSKI, RAYMOND	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PALUMBO, LISA M.	
STREET ADDRESS	80 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2617 S. 46th STREET
1.4 CITY-ST-ZIP	PHOENIX, AZ 85034
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: David R. Birk **DAVID R. BIRK** 3/24/97 (516) 466-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)