

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

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90008 005 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P23749

1. Corporation Name
ENCORE COMPUTER U.S., INC.



Principal Place of Business: 6901 W. SUNRISE BLVD FT. LAUDERDALE FL 33312
 Mailing Address: 6901 W. SUNRISE BLVD FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7786 Wiles Road		26 4901 NW 17 Way		04/06/1989	
22 Suite, Apt. #, etc.		27 Suite Apt. #, etc.		4. FEI Number	
		Suite 406		65-0121391	
23 Coral Springs, FL		28 Fort Lauderdale, FL		5. Certificate of Status Desired <input type="checkbox"/>	
24 33067		29 33309		30 Broward	
25 Broward		30 Broward		Applied For	
				Not Applicable	
				\$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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D Fisher, Kenneth G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, KENNETH G.	1.2 NAME	Fisher, Kenneth G.
STREET ADDRESS	25 INDIAN CREEK	1.3 STREET ADDRESS	25 Indian Creek
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P Veysey, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, CHARLES S.	2.2 NAME	Veysey, Michael
STREET ADDRESS	233 JACARANDA	2.3 STREET ADDRESS	34929 Curtis Blvd
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Eastlake, OH 44095
TITLE	CC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, LINDA J	3.2 NAME	Rich, Tom
STREET ADDRESS	6901 WEST SUNRISE BLVD.	3.3 STREET ADDRESS	34929 Curtis Blvd
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	3.4 CITY-ST-ZIP	Eastlake, OH 44095
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	READ, CAMERON	4.2 NAME	
STREET ADDRESS	53 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael C. Veysey Date: 6/10/99 Daytime Phone #: (440) 953-5170

CR2E034 (1/198)