

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P27329** (2)
1. Corporation Name
COMPUTER HOLDINGS CORPORATION



Principal Place of Business
**1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607**

Mailing Address
**1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607**

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
13-3429708

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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
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

Signature of person or corporation authorized to file this statement

DATE Registered Agent Signature required when filing change

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	☐ DELETE	11.1 TITLE	☐ Change ☐ Addition
11.2 NAME		11.2 NAME	
11.3 STREET ADDRESS		11.3 STREET ADDRESS	
11.4 CITY - ST - ZIP		11.4 CITY - ST - ZIP	
12.1 TITLE	☐ DELETE	12.1 TITLE	☐ Change ☐ Addition
12.2 NAME		12.2 NAME	
12.3 STREET ADDRESS		12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		12.4 CITY - ST - ZIP	
13.1 TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
13.2 NAME		13.2 NAME	
13.3 STREET ADDRESS		13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
14.1 TITLE	☒ DELETE	14.1 TITLE	☐ Change ☐ Addition
14.2 NAME		14.2 NAME	
14.3 STREET ADDRESS		14.3 STREET ADDRESS	
14.4 CITY - ST - ZIP		14.4 CITY - ST - ZIP	
15.1 TITLE	☐ DELETE	15.1 TITLE	☐ Change ☐ Addition
15.2 NAME		15.2 NAME	
15.3 STREET ADDRESS		15.3 STREET ADDRESS	
15.4 CITY - ST - ZIP		15.4 CITY - ST - ZIP	
16.1 TITLE	☒ DELETE	16.1 TITLE	☐ Change ☒ Addition
16.2 NAME		16.2 NAME	
16.3 STREET ADDRESS		16.3 STREET ADDRESS	
16.4 CITY - ST - ZIP		16.4 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; that I am a registered agent 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.

SIGNATURE: *Cynthia B. Eisch* ASST. TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (813) 871-4273

DATE

DATE THE FILING IS MADE

CR2E034 (12/95)