

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:15

DOCUMENT # P92000006956 (6)

1. Corporation Name:

INTERNATIONAL COMPUTER COMPONENTS, INC.

Principal Place of Business

**4400 N.W. 19TH AVE.
POMPANO BEACH FL 33064**

Mailing Address

**4400 N.W. 19TH AVE.
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **APPLIED FOR 65-0328658**
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**

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BAKER, RICHARD
4400 N.W. 19TH AVE.
POMPANO BEACH FL 33064**

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)

(Signature, typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **BAKER, RICHARD**
STREET ADDRESS: **20993 SHADY VISTA LANE**
CITY, ST, ZIP: **BOCA RATON FL 33428**

TITLE: **D**
NAME: **BAKER, NANCY**
STREET ADDRESS: **20993 SHADY VISTA LANE**
CITY, ST, ZIP: **BOCA RATON FL 33428**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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:

1. TITLE: ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 statement in Section 199.032, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy E. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95

305 969-9700