

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90047 042 ***150.00

DOCUMENT # P92000006956

1. Corporation Name
INTERNATIONAL COMPUTER COMPONENTS, INC.

Principal Place of Business
4400 N.W. 19TH AVE.
SUITE I, J, K
POMPANO BEACH FL 33064
US

Mailing Address
4400 N.W. 19TH AVE.
SUITE I, J, K
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1992

4. FEI Number
65-0851666

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2875 South Congress Ave

26 2875 South Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 D

27 D

City & State

City & State

23 Delray Beach FL

28 Delray Beach FL

Zip

Country

Zip

Country

24 33445

25 USA

29 33445

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, NANCY E.
4400 NW 19 AVENUE
SUITE I, J, K
POMPANO BEACH FL 33064

81 Name

Baker, Nancy E

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

2875 South Congress Ave D.

83

84 City

Delray Beach

FL

85 Zip Code

33445

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

Nancy E Baker

2/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
BAKER, RICHARD
STREET ADDRESS
20993 SHADY VISTA LANE
CITY-ST-ZIP
BOCA RATON FL 33428

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
20272 Hacienda Ct.
1.4 CITY-ST-ZIP
Boca Raton, FL 33498

TITLE ☐ DELETE

NAME
BAKER, NANCY
STREET ADDRESS
20993 SHADY VISTA LANE
CITY-ST-ZIP
BOCA RATON FL 33428

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
20272 Hacienda Ct.
2.4 CITY-ST-ZIP
Boca Raton, FL 33498

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Nancy E Baker

2/22/99

561 276 8260

954 969 9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0150760