

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011346 (3)**

1. Corporation Name  
**THE COMPUTER FACTORY INC.**

Principal Place of Business	Mailing Address
<b>237 S. WESTMONTE DRIVE SUITE 235 ALTA MONTE SPRINGS FL 32714</b>	<b>237 S. WESTMONTE DRIVE SUITE 235 ALTA MONTE SPRINGS FL 32714</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/10/1992</b>	3a. Date of Last Report <b>05/27/1994</b>
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4. FEI Number <b>59-3154455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under S. 100.020, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**COCHRANE, NOEL  
1033 PINE SHADOW DRIVE  
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RUSSELL, TODD</b>
STREET ADDRESS	<b>1391 BARBIZON COURT</b>
CITY-ST-ZIP	<b>CASSELBERRY FL 32708</b>
TITLE	<b>ST</b>
NAME	<b>COCHRANE, BETTY</b>
STREET ADDRESS	<b>1033 PINESHADOW DRIVE</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>
TITLE	<b>V</b>
NAME	<b>WATTS, BRACKEN</b>
STREET ADDRESS	<b>2727 BAY LEAF DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>
TITLE	<b>D</b>
NAME	<b>COCHRANE, NOEL</b>
STREET ADDRESS	<b>1033 PINESHADOW DRIVE</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>
TITLE	<b>D</b>
NAME	<b>SLATER, JENNIFER</b>
STREET ADDRESS	<b>483 HOLBROOK CT</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WATTS, BRACKEN</b>
3.3 STREET ADDRESS	<b>DELETE.</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SLATER, JENNIFER</b>
5.3 STREET ADDRESS	<b>DELETE</b>
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 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 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: Betty Cochran **Betty Cochran** 4/21/95 407-682-7774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER