

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Susan E. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010934 (6)

1. Corporation Name

ARMIGERON COMPUTING SERVICES, INC.

Principal Place of Business

Mailing Address

**466 HARDWOOD PLACE
BOCA RATON FL 33431
US**

**466 HARDWOOD PLACE
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

08/04/1994

4. FEI Number

65-0392915

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 S. 199.032,
Florida Statutes ☐ Yes ☒ 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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHEELUS, CHARLES R JR
466 HARDWOOD PLACE
BOCA RATON FL 33431**

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

Charles R. Wheelus Jr. **Charles R. Wheelus Jr. President** **2/18/95**

(Signature of person or persons authorized to execute this statement)

(Signature of Registered Agent or persons authorized to execute this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

WHEELUS JR., CHARLES R.

STREET ADDRESS

466 HARDWOOD PLACE

CITY, ST, ZIP

BOCA RATON FL

TITLE

ST

NAME

WILLIAMS, SUSAN E.

STREET ADDRESS

4970-1 FISHERMANS DRIVE

CITY, ST, ZIP

COCONUT CREEK FL

TITLE

~~Vice President of Operations~~

NAME

~~Ryan Shahoud~~

STREET ADDRESS

~~466 Hardwood Place~~

CITY, ST, ZIP

~~Boca Raton, FL 33431~~

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(b), 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:

Susan E. Williams **Susan E. Williams, Treas** **2/18/95** **(205) 979-4630**

Susan E. Williams **Susan E. Williams, Treas** **2/18/95** **(205) 979-4630**

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)