

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000037675 (4)**

1. Corporation Name

**MOBILE TECH COMPUTER SERVICE, INC.**



Principal Place of Business

Mailing Address

~~4251 COMMERCIAL WAY  
SPRING HILL FL 34607  
US~~

~~4251 COMMERCIAL WAY  
SPRING HILL FL 34607  
US~~

21 2. Principal Place of Business  
**3507 COMMERCIAL WAY**

26 2a. Mailing Address  
**3507 COMMERCIAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE F**

27 **SUITE F**

City & State

City & State

23 **SPRING HILL, FL**

28 **SPRING HILL, FL**

Zip Country

Zip Country

24 **34606**

25

29 **34606**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**05/21/1993**

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

4. FEI Number  
**59-3183602**

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

**WEISSMAN, LAWRENCE C**  
~~4251 COMMERCIAL WAY  
SPRING HILL FL 34607~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**3507 COMMERCIAL WAY**

83 **SUITE F**

84 City  
**SPRING HILL,**

FL

85 Zip Code  
**34606**

10. Name and Address of New Registered Agent

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  *Lawrence C. Weissman*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **DPST WEISSMAN, LAWRENCE C.**  
STREET ADDRESS **4251 COMMERCIAL WAY**  
CITY- ST- ZIP **SPRING HILL FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  Change  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: *Lawrence C. Weissman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE C. WEISSMAN**

**(352) 666-7243**

Date: Phone #

CR2E034 (12/95)