

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000054753 (7)

1. Corporation Name

M.S. COMPUTERS, INC.



Principal Place of Business

1160A E HALLANDALE BEACH BLVD
HALLANDALE FL 33317

Mailing Address

1160A E HALLANDALE BEACH BLVD
HALLANDALE FL 33317

2. Principal Place of Business

21 8551 West Sunrise Blvd.

Suite, Apt. #, etc.

22 102

City & State

23 Plantation Florida

Zip

24 33322

Country

25 USA

2a. Mailing Address

26 P.O. Box 17018

Suite, Apt. #, etc.

27

City & State

28 Plantation Florida

Zip

29 33318-7018

Country

30 USA

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0432125

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

9. Name and Address of Current Registered Agent

SHIRLEY, MICHAEL
1160 HALLANDALE BEACH BLVD
HALLANDALE FL 33317

10. Name and Address of New Registered Agent

81 Name Shirley, Michael
82 Street Address (P.O. Box Number is Not Acceptable)
8551 West Sunrise Blvd
83 Suite 102
84 City Plantation FL 85 Zip Code 33322

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 date of appointment

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHIRLEY, MICHAEL
STREET ADDRESS 11440 SW 3RD ST
CITY - ST - ZIP PLANTATION FL

TITLE ☐ DELETE

NAME ST CHARMAINE, SHIRLEY
STREET ADDRESS 11440 SW 3RD ST
CITY - ST - ZIP PLANTATION FL

TITLE ☐ DELETE

NAME Faerman, Robert
STREET ADDRESS 249 NW 101 Ave
CITY - ST - ZIP Plantation FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

954-424-8004

Daytime Phone

CR2E034 (12/95)