

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REDEEMATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 9:50

DOCUMENT # P93000061047 (5)

1. Corporation Name

AMERICAN CUSTOM COMPUTING, INC.

Principal Place of Business

406 LIVE OAKS BLVD.
 CASSELBERRY FL 32707

Mailing Address

406 LIVE OAKS BLVD.
 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3200136

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FLOWERS, PATRICIA D
 210-B PERTH CT
 WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PD
 FLOWERS, PATRICIA D
 210-B PERTH CT
 WINTER SPRINGS FL 32708

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VD
 FLOWERS, LARRY
 210-B PERTH CT
 WINTER SPRINGS FL 32708

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STD
 PENNEY, ROBERT W
 1729 WEST PKWY
 DELAND FL 32724

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 PENNEY, VICKY
 1729 WEST PKWY
 DELAND FL 32724

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

Change Addition

2 1 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

Change Addition

3 1 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

Change Addition

4 1 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

Change Addition

5 1 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

Change Addition

6 1 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

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:

Patricia D. Flowers *Patricia D. Flowers*

6/13/95

(407) 834-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone #

CR2E034 (3/95)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061145 (7)**

1. Corporation Name
HOYOS VALLEJO CORP.

Principal Place of Business Mailing Address
**7501 NW 16TH ST
SUITE 3306
PLANTATION FL 33313** **7501 NW 16TH ST
SUITE 3306
PLANTATION FL 33313**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **19275 CLOISTER LAKE** 26 **19275 CLOISTER LAKE LN**
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 **BOCA RATON, FLORIDA** 28 **BOCA RATON, FLORIDA**
Zip Zip County County
24 **33498** 25 **PALM BEACH** 29 **33498** 30 **PALM BEACH**

3. Date Incorporated or Qualified 3a. Date of Last Report
09/01/1993 **05/24/1994**
4. FEI Number Applied For
65-0433295 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**
7. This corporation has liability for interstate tax under § 199.005, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**HOYOS, JULIO C
7501 NW 16TH ST
SUITE 3306
PLANTATION FL 33313**

10. Name and Address of New Registered Agent
81 Name **HOYOS, JULIO C**
82 Street Address (P.O. Box Number is Not Acceptable)
19275 CLOISTER LAKE LN
83
84 City **BOCA RATON** FL 85 Zip Code **33498**

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 _____ DATE _____
(Signature typed or printed below of registered agent and title if applicable) (Date Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOYOS, JULIO C
STREET ADDRESS	7501 NW 16TH ST SUITE 3306
CITY, ST, ZIP	PLANTATION FL 33313
TITLE	DS
NAME	VALLEJO, ANA M
STREET ADDRESS	7501 NW 16TH ST SUITE 3306
CITY, ST, ZIP	PLANTATION FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HOYOS, JULIO C	
13 STREET ADDRESS	19275 CLOISTER LAKE LN	
14 CITY, ST, ZIP	BOCA RATON, FL. 33498	
21 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VALLEJO, ANA M.	
23 STREET ADDRESS	19275 CLOISTER LAKE LN	
24 CITY, ST, ZIP	BOCA RATON, FL. 33498	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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 incorporator or organizer empowered to associate the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this document.

SIGNATURE:

June 14/1995 (407)451-1397