FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

BLDG B SUITE 103

TAMPA FL 33634-1214

2a. Mailing Address

Suite, Apt. #, etc.

26

5453 W WATERS AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997

Principa Place of Business

2. Principal Place of Business

Suite, Apl. #, etc.

SIGNATURE:

5453 W WATERS AVENUE

BLDG B SUITE 103

TAMPA FL 33634

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

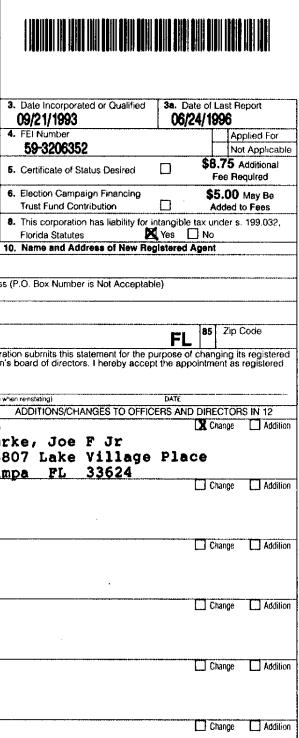
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000065472** (1)

NATIONAL COMPUTER SALES, INC.

City & State	ity & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζιρ	Country	Zıp	Cou	intry		8. This corporation has liability for intangible tax under s. 199,032,
4 25 29 30 9. Name and Address of Current Registered Agent			30	Florida Statutes		
		aur uedisteien wäeur		81	Name	IV. Name and Address of New Registered Agent
BURKE, JOE F 5453 W WATERS AVENUE BLDG B SUITE 103 TAMPA FL 33634				-	Isamo	
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83	·····	
				84	4 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered			d Agen	l signature	required when reinstating) DATE
12.	.,	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
171.6	PS DIDUCT INC. E. ID	DELETE	1.1 TI			PS
NASI)	BURKE, JOE F JR 5616 PINE BAY DR.		1.2 N/			Burke, Joe F Jr
\$18EEF ADDRESS	TAMPA FL				ADDRESS	13807 Lake Village Place
DITY ST-7P	IAMEA FL	DELETE		ITY-ST	- ZIP	Tampa FL 33624
THE STATE		[] ptrut	21 TI			Change Li Abolion
NAME			22 N/			
STREET ADDRESS					ADDRESS	•
CHY-ST-ZP TITLE		DELETE	2 4 C	HTY-ST	I - ZIP	Change Addition
NAME		Last Decere	32 NJ			C Change C Roomen
STREET ADDRESS					ADDRESS	
-				ineer A STY-ST		•
CHY-S1-74°		DELETE	41 Ti		- ZIF	Change Addition
NAME			4 2 N			
STREET ADDRESS					ADDRESS	
CITY-SI-ZIP				ITY - ST		
DILE		DELETE	51 TI		¥II	Change Addition
NAME			52 N/	AME		·
STREET ADDRESS					ADDAESS	
CITY - ST - ZIP				 TY-\$1	t	
1MLF		DELETE	5.1 TI			☐ Change ☐ Addition
NAME			52 N	AME		
STREET ADDRESS		i			ADDRESS	
CITY - ST - ZIP		\ \		ITY-ST	1	
14. I do hereby cort ly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual leport 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 changing, or only a stachment with an address.						

FILED Mar 06 1997 8:00am Secretary of State



2/28/97 (813)885.4468