

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065472

1. Corporation Name

NATIONAL COMPUTER SALES, INC.

Principal Place of Business

2502 ROCKY POINT DR
#740
TAMPA FL 33607
US

Mailing Address

2502 ROCKY POINT DR
#740
TAMPA FL 33607
US

2. Principal Place of Business

2a. Mailing Address

21 3030 N. Rocky Point Drive W 26 3030 N. Rocky Point Drive W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 850

27 Suite 850

23 Tampa, FL

28 Tampa FL

Zip Country

Zip Country

24 33607 25 Hillsborough

29 33607 30 Hillsborough

9. Name and Address of Current Registered Agent

BURKE, JOE F
2502 ROCKY POINT DR
STE 740
TAMPA FL 33607

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PSCE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TAMPA FL 33607

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

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1.39 STREET ADDRESS

1.40 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

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1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

1.37 TITLE

1.38 NAME

1.39 STREET ADDRESS

1.40 CITY-ST-ZIP

14. I hereby certify 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/23/99 (513) 639-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Year Phone #

CR2E034 (1/98)