FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:30

DOCUMENT # **P93000065613 (0)**

1. Corporation Name
CORPORATE COMPUTERS, INC.

Principal Place of Business	Mailing Address
702 COMMODORE DR PLANTATION FL 33325	702 COMMODORE DR PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 12406 SW 9 PLACE
22 Suite, Apt. #, etc.
23 City & State: DAVIE, FL
24 Zip: 33325
25 Country: USA

2a. Mailing Address
26 12406 SW 9 PLACE
27 Suite, Apt. #, etc.
28 City & State: DAVIE, FL
29 Zip: 33325
30 Country: USA

4. FEI Number: ~~NOT APPLICABLE~~ 65-0472137 ☐ 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

D'ATTILO, KEITH
702 COMMODORE DR
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name: KEITH D'ATTILO
82 Street Address (P.O. Box Number is Not Acceptable): 12406 SW 9 PLACE
83
84 City: DAVIE FL 85 Zip Code: 33325

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	D'ATTILO, KEITH	12 NAME	KEITH D'ATTILO	
STREET ADDRESS	702 COMMODORE DR	13 STREET ADDRESS	12406 SW 9 PLACE	
CITY-ST-ZIP	PLANTATION FL 33325	14 CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3/28/95 (305)846-6328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #