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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000065613 (0)

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|------------------|------------------|----|--------|-----|----|---|--|
| 1.               | Corporation Name |    |        |     |    |   |  |

CORPORATE COMPUTERS, INC. Principal Place of Business Mailing Address 12406 SW 9TH PL 12406 SW 9TH PL DAVIE FL 33325 DAVIE FL 33325 US 3a. Date of Last Report 3. Date Incorporated or Qualified 09/21/1993 03/31/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Apolied For 65-0472137 Not Applicable 21 26 Suite, Apt. #. etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm IP}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name D'ATTILO, KEITH Street Address (P.O. Box Number is Not Acceptable) 82 12406 SW 9TH PL 83 DAVIE FL 33325 City Zip Code 85 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby 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 agond and title I apply when DATE (NETTE: Flag stered Agend signature required when remarkling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change ■ Addition 1.13006 TITLE D'ATTILO, KEITH NAME 12406 SW 9 PL 13 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.17(1) ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 City - ST - ZIP DELFTE ☐ Change Addition 3 1 HILLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34 CITY - ST - 7 P DELETE Change ☐ Addition 4 'TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIP DELETE £ 1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS E 3 STREET ADDRESS CITY-ST-ZIP E 4 CHY+ST-ZIP ☐ Change Addition DELETE. 6 1 Title TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 13 if change nor on an allachtient with an address

**SIGNATURE:** 

WELL D'ALLING OF STATE OF STAT

4/10/94

(305)846-6329

CR2E034 (12/95)