## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



ELORIDA DEPARTMENT OF STATE

Sariora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT #         | P93000074214 | (6) |
|--------------------|--------------|-----|
| t Corobration Name |              | •   |

AMEC DISCINIEGO COMBLITEDO IMO

| AMEC BUSINESS COMPUTERS, INC. |  |                                      |   |   |   |
|-------------------------------|--|--------------------------------------|---|---|---|
| Pricupal Place (              | of Business  | Mæling Address                       |   | * *************************************             |   |
| 60 NE 1ST<br>MIAMI FL 3       |  | 3550 N. 32ND TERR<br>HOLLYWOOD FL 33 |   |   |   |
| MIAMI PL 3                    | 3132   | HOLLINOOD TE 33                      | X1-2019   | Date Incorporated or Qualified                      | 3a. Date of Last Report                         |
|                               |  |                                      |   | 10/20/1993  | 05/01/1995                                      |
| 2. Proopal Plu                | ne of Business   | 2a. Mainng Address                   |   | 4. FEI Number                                       | Applied For                                     |
| 1                             |  | 26                                   |   | 65-0445065  | Not Applicab                                    |
| ୍ Suite, Apt. #<br>ଯା         | r etc.   | Suite, Apt. #, etc                   |   | 5. Certificate of Status Desired                    | \$8.75 Additional Fee Required                  |
| 2  <br>Orty & State           |  | City & State                         |   | 6. Election Campaign Financing                      | \$5.00 May Be                                   |
| 3                             |  | 28                                   |   | Trust Fund Contribution                             | Added to Fees                                   |
| Ζιρ                           | Country  | Ζη.                                  | Country   | 8. This corporation has liability for               | intang ble tax under si 199.032,<br>□ □ No      |
| <u> </u>                      | 25<br>g. Name and Address of Current                           | 29 Registered Agent                  | [30]  | Fiorida Statutes Yes  10. Name and Address of New F |   |
|                               | g, Name and Address of Corrent                                 | Tregistered Agont                    | 81 Name   |   |   |
| SILVEE                        | RMAN, WARREN E   |                                      | 82 Street Add   | dress (P.O. Box Number is Not Acceptat              | ole)  |
|                               | NORTH 32ND TERRACE   |                                      | OZ Street Add   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |   |
|                               | WOOD FL 33021-2619   |                                      | 83  |   |   |
|                               |  |                                      | 84 Gity   |   | 85 Zip Code                                     |
|                               |  |                                      |   | oration submits this statement for the pu           | FL  |
| S'GNA" URE .                  | Signative typelion posted open of readers agent a OFFICERS AND |                                      | Mr. Bractered Agent Signature response.  13. 1 1 IMLE |   | DATE FICERS AND DIRECTORS IN 12  Change Additio |
| Table<br>NaMe                 | D<br>Silverman, Warren e                                       | Ditti                                | 1 2 NAME  |   |   |
| STACEL ADDITIONS              | 3550 NORTH 32ND TERRAC   | Œ                                    | 13 STREET ADDRESS                                     |   |   |
| C Tri-St Zir                  | HOLLYWOOD FL 33021   |                                      | 1.4 C(FY - \$1 - 2)F                                  | ,   |   |
| Tr'.E                         | D  | [_] DEFEIR                           | 2 1 T-TLE   |   | Change Addition                                 |
| NAME                          | PODGORÓWIEZ, ROBERT  |                                      | 2 2 NAME  |   |   |
| STELL FACIORESS               | 3006 LAKEWOOD LANE<br>HOLLYWOOD FL 33021                       |                                      | 2.3 STREET ADDRESS<br>2.4 CHTY-ST-ZIP                 |   |   |
| City St. Zir.                 | HOLLTWOOD FL 33021   | [] DELETE                            | 3 1 TIFLE   |   | Change Additio                                  |
| NAME                          |  |                                      | 3.2 NAME  |   |   |
| STREET ADJUSTESS              |  |                                      | 3.3 STREET ADORESS                                    |   |   |
| <u>CGY 51 7F</u>              |  | FTICCLERE                            | 3 4 CHY ST-ZIF  |   | Change Addition                                 |
| 10°e€                         |  | [] DELETE                            | 4 1 TITLE<br>4 2 NAME                                 |   | □ Shange □ Addite                               |
| NAME<br>SERRET ADDRESS        |  |                                      | 4.3 STREET ADDRESS                                    |   |   |
| Con St. 76                    |  |                                      | 4.4 CITY ST-ZIP                                       |   |   |
| THE                           |  | DELETE                               | 5 1 TITLE   |   | Change Addition                                 |
| NAME                          |  |                                      | 5.2 NAME  |   |   |
| STHEET ADDRESS                |  |                                      | 5.3 STREET ADDRESS                                    |   |   |
| C(C) + 51 - 715               |  | F 76. 71.                            | 5.4 C-TY S1-7IF                                       |   | Conner M Addition                               |
| 1:1.6                         |  | DELETE                               | 6 13/3LE  |   | Change Maddition                                |
| N2837                         | 1  |                                      |   |   |   |
|                               |  |                                      | 6.2 NAME  |   |   |
| SUBSELLADE BSSS - CHIL-ST-200 |  |                                      | 6.2 NAME<br>6.3 STREET ACORESS<br>6.4 CITY+ST-ZIP     |   |   |

14. I do hereby certify that the information supplied with this fileig 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cert; that I am an officer or director of this corporation or the sectivity 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 fin an attrachment with an address. TED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: