

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

REGISTRATION
APPLICATION

1995



FLORIDA DEPARTMENT OF STATE

APPROVED

10/29/1993 9:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076766 (3)**

BITS PER SECOND, INC.

4419 W HILLSBORO BLVD
STE 224
COCONUT CREEK FL 33073

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STE 224
COCONUT CREEK FL 33073

3. Effective Date of Report: **10/29/1993**
3a. Date of Last Report: **05/01/1994**

21. Principal Office Address 6574 N. STATE RD 7	26. Mailing Address 6574 N. STATE RD 7
22. Suite Apt # etc. Suite 223	27. Suite Apt # etc. Suite 223
23. City and State Coconut Creek FL	28. City and State Coconut Creek FL
24. ZIP Code 33073	25. Filing Office Prosser
29. 33073	30. Prosser

4. FFL Number 65-0456016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Incorporation <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COHEN, MARK D 121 SE FIRST ST STE 600 MIAMI FL 33131	10. Name and Address of New Registered Agent B1. Name B2. Street Address (if not Same as Current Registered Agent) B3. B4. City FL B5. Zip Code
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11. Pursuant to the provisions of Sections 607.01 and 607.0205 Florida Statutes, this statement is the property of the corporation and is to be used only for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I, the undersigned, as registered agent, am hereby notified and accept the responsibility of Sections 607.0105 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME D BEYERLEIN, ALVIN G JR	ADDRESS % 4419 W HILLSBORO BLVD #224 COCONUT CREEK FL 33073	NAME D BEYERLEIN, ALVIN G JR	ADDRESS % 6574 N. STATE RD 7 # 223 COCONUT CREEK FL 33073
NAME D PEREZ, ISRAEL	ADDRESS % 4419 W HILLSBORO BLVD #224 COCONUT CREEK FL 33073	NAME D PEREZ, ISRAEL	ADDRESS % 6574 N. STATE RD. 7 # 223 COCONUT CREEK FL 33073
NAME D SELLARS, STEVE	ADDRESS % 4419 W HILLSBORO BLVD #224 COCONUT CREEK FL 33073	NAME D SELLARS, STEVE	ADDRESS % 6574 N. STATE RD 7 # 223 COCONUT CREEK FL 33073
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and valid for the reasons stated in Section 11 of the Florida Statutes. I warrant further that the information is filed for the annual report or supplemental annual report, true and accurate and that my signature certifies the same responsibility as if made under oath. That I am an officer or director of the corporation or the receiver or trustee appointed to receive the report as required by Florida Statutes and that my name appears on Block 12 or Block 13 of this report or as an attaching officer with an address.

SIGNATURE: *Alvin G. Beyerlein* 5/9/95
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

407 955 8571