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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000078655 (6) **DOCUMENT #** 1. Corporation Name

DATA COMMUNICATIONS & COMPUTERS CORPORATION

DAIA	OMMONIOANIONO Q OO	WII OTENO COM	Olivinois					
Principal Place of Business		Mailing Address					, 65(1) 59(1) 1969; 1819 9·	
3857 CENTRAL AVE. ST. PETERSBURG FL 33713-8339 US		3857 CENTRAL AVE. ST. PETERSBURG FL 33713-8339 US						
					3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last f 04/20/19	95	
2. Principal Plac	ce of Business	2a. Mailing Add	dress			4, FEI Number 65-0454772		Applied For Not Applicable
21 Suito Ant #	oto	26 Suite, Apt.	# etc				\$8.7	5 Additional
Suite, Apt. #, etc.		-	27			5. Certificate of Status Desired	1 1 '	Required
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28	28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	30	Country		This corporation has liability for Florida Statutes	r intangible tax under : s □ No	s 199.032,
24	25 g. Name and Address of Curr			Τ.		10. Name and Address of New		
	5			81	Name			
SCHWAR	itzberg, Michael S			82	Stroot Addr	ess (P.O. Box Number is Not Accepta	(ble)	
	I STREET NORTH				Greet Addi	033 ()		
	RSBURG FL 33713			83				
				84	City		FL 85	Zip Code
	the equipment of Sections 607.05	02 and 607 1508 Flor	ida Statutes the	above r	amed corpor	ation submits this statement for the pu	urnose of changing its	registered office
or registere	ed agent, or both, in the State of Fl	orida. Such change wa	is authorized by t	he corp	oration's boar	rd of directors. I hereby accept the app	pointment as régistere	ed agent. I am
	h, and accept the obligations of, Se	ection 607.0505, Florid	a Statutes.					
SIGNATURE _	Signature typed or printed name of registered as	gent and title if applicable.	(NOTE Rugis	tered Ager	t signature require	d when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		
TITLE	D		ELETE	1. 1 TITLE			Change	e 🔲 Addition
NAME	Duarte-Penaloza, edg/	AR B		1.2 NAME				
STREET ADORESS	3857 CENTRAL AVE.			1.3 STREET	ADDRESS			
CITY-S1-ZIP	ST. PETERSBURG FL	F 1 5		14 CITY-S	17-7IP		Change	e
TITLE		الــا ت		2 1 TITLE				, Madicion
NAME			1	2.2 NAME	4000000			
STREET ADDRESS				2 3 STREET 2 4 City - S				
CITY-ST-ZIP				3. 1 TITLE	21 - 211		Chang	e 🔲 Addition
NAME		3		3 2 NAME	}			
STREET ADORESS			ļ	33 STREE	T ADDRESS			
CITY-ST-7IP			li i	3.4 CITY - 5				
TITLE			ELETE	4. 1 TITLE			Chang	e Addition
NAME			1	4.2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - 5	ST-ZIP		P	
TITLE				5. 1 1(TLE			Chang	e 🗌 Addition
NAME				5 2 NAME				
STREET ADDRESS					I ADDRESS			
CITY - ST - ZIP				5.4 CITY-	ST-ZIP		☐ Chang	e Addition
TITLE			■ i	6 1 TITLE			☐ cuang	ic Magazion
NAME				6 2 NAME	T IRRDOCCO			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				6.4 CiTY-	SI - 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-15-1996 (813) 327-3282