

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084350 (6)

1. Corporation Name

CELLAR DOOR COMPUTERS, INC.

Principal Place of Business

Mailing Address

909 N.E. 167TH STREET
SUITE 502
NORTH MIAMI BEACH FL 33162
US

909 N.E. 167TH STREET
SUITE 502
NORTH MIAMI BEACH FL 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
06/24/1994

4. FET Number
65-0452257

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**

7. This corporation has submitted to the public law number 25-1000000,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. # etc.

26. Suite, Apt. # etc.

22. City & State

27. City & State

23. Name

28. Name

24. Name

25. Name

29. Name

30. Name

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEBOWITZ, MAURICE
909 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE

(Signature of agent, if agent is registered agent with a firm name)

(Signature of new agent, if new agent is registered agent with a firm name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

NAME	D LEBOWITZ, MAURICE
STREET ADDRESS	909 N.E. 167TH STREET
CITY, STATE, ZIP	NORTH MIAMI BEACH FL 33162
NAME	D SHTEYNBERG, BORIS
STREET ADDRESS	909 N.E. 167TH STREET
CITY, STATE, ZIP	NORTH MIAMI BEACH FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
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NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	1. STREET ADDRESS	
CITY, STATE, ZIP	1. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME	2. NAME	
STREET ADDRESS	2. STREET ADDRESS	
CITY, STATE, ZIP	2. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME	3. NAME	
STREET ADDRESS	3. STREET ADDRESS	
CITY, STATE, ZIP	3. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME	4. NAME	
STREET ADDRESS	4. STREET ADDRESS	
CITY, STATE, ZIP	4. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME	5. NAME	
STREET ADDRESS	5. STREET ADDRESS	
CITY, STATE, ZIP	5. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME	6. NAME	
STREET ADDRESS	6. STREET ADDRESS	
CITY, STATE, ZIP	6. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and shown in good faith to the corporation's state of incorporation, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that my corporate status as the principal officer, if applicable, is valid. That I am an officer or director of the corporation or the person or persons empowered to receive this report as required by chapter 607, Florida Statutes, and that my name appears on Block 13 of this report or on an attached form with an address.

SIGNATURE:

Boris Shteynberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98