

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088184 (5)

1. Corporation Name

D.P. COMPUTER CONNECTIONS, INC.

Principal Place of Business

**367 NW 41 AVE
DEERFIELD BEACH FL 33442**

Mailing Address

**367 NW 41 AVE
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 3960 N.W. 54 COURT

Suite, Apt. #, etc.

2a. Mailing Address

26 3960 N.W. 54 COURT

Suite, Apt. #, etc.

4. FEI Number

65-0457582

Applied For

Not Applicable

22

City & State

23 COCONUT CREEK, FL

Zip

Country

27

City & State

28 COCONUT CREEK, FL

Zip

Country

24

33076

25

29

33076

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PROULX, DAVID C
387 NW 41 AVE
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

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

3960 N.W. 54 COURT

83

84 City

COCONUT CREEK

FL

85 Zip Code
33076

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 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 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 agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
PROULX, DAVID C
387 NW 41 AVE
DEERFIELD BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
PROULX, MARIA D
387 NW 41 AVE
DEERFIELD BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
**3960 N.W. 54 COURT
COCONUT CREEK, FL 33076**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
**3960 N.W. 54 COURT
COCONUT CREEK, FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. MARIA PROULX

4/24/95 305-421-7191

DATE