

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000013983 (9)

1. Corporation Name

TLC COMPUTERS, INC.

Principal Place of Business

Mailing Address

850 N ATLANTIC AVE
D-102
COCOA BEACH, FL 32931

850 N ATLANTIC AVE
D-102
COCOA BEACH, FL 32931

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/17/1994 3a. Date of Last Report

4. FFL Number 59-3227159 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

8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 5056 JENNIFER PLACE
Suite, Apt. #, etc.

2a 5056 JENNIFER PLACE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

24 Zip 32807 25 Country

29 Zip 32807 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTON, TERRIE L
850 N ATLANTIC AVE
D-102
COCOA BEACH, FL 32931

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5056 JENNIFER PLACE
83
84 City ORLANDO 85 Zip Code FL 32807

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 _____ NOTE: Registered Agent signature required when returning DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----------------|--------------------------|--------------------|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPTON, TERRIE L | 1.2 NAME | |
| STREET ADDRESS | 850 N ATLANTIC AVE D-102 | 1.3 STREET ADDRESS | 5056 JENNIFER PLACE |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | 1.4 CITY-ST-ZIP | ORLANDO, FL 32807 |

| | | | |
|----------------|--------------------------|--------------------|--|
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPTON, STEPHEN S | 2.2 NAME | |
| STREET ADDRESS | 850 N ATLANTIC AVE D-102 | 2.3 STREET ADDRESS | 5056 JENNIFER PLACE |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | 2.4 CITY-ST-ZIP | ORLANDO, FL 32807 |

| | | | |
|----------------|--|--------------------|---|
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |

| | | | |
|----------------|--|--------------------|---|
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | 300001490123 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | -05/17/95--01027--003 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ****200.00 ****200.00 |

| | | | |
|----------------|--|--------------------|---|
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |

| | | | |
|----------------|--|--------------------|---|
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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 110.07(3)(b), 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: *Stephen Compton* 4/13/95 404-806-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR