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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000013994 (6)

1. Corporation Name

INTERNATIONAL COMPUTER MAINTENANCE & SERVICE, IN
C.

Principal Place of Business

4400 NORTHWEST 19 AVENUE
SUITE B
POMPANO BEACH FL 33064

Mailing Address

4400 NORTHWEST 19 AVENUE
SUITE B
POMPANO BEACH FL 33064-8703



3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

02/16/1996

2. Principal Place of Business

21 4400 N.W. 19 AVENUE

Suite, Apt. #, etc.

22 SUITE I,J,K

City & State

23 POMPAÑO BEACH, FL

Zip

Country

24 33064

25 U.S.A.

2a. Mailing Address

26 4400 N.W. 19 AVENUE

Suite, Apt. #, etc.

27 SUITE I,J,K

City & State

28 POMPAÑO BEACH, FL

Zip

Country

29 33064

30 U.S.A.

4. FEI Number

65-0471047

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BAKER, NANCY
4400 NW 19TH AVENUE
SUITE B
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

BAKER, NANCY

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

4400 N.W. 19 AVENUE

83

SUITE I,J,K

84 City

POMPANO BEACH

FL

85 Zip Code
33064

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

Nancy E. Baker

(NOTE: Registered Agent signature required when reinstating)

1-16-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BAKER, RICHARD N
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

DATE

Daytime Phone #

954-969-9700

CR2E034 (9/96)