FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017584 (1)

TECH DATA FRANCE, INC.

		NUE, INU.					:					
Principal Place of Business				Mailing Address) 18811201 (18 18411 BLG() 88111 ABIN 6811	i Amidi Eldii Idda	Melini faltit i	1121 1611	
5350 TECH DATA DR. CLEARWATER FL 34620				5350 TECH DATA DR. CLEARWATER FL 34820-31 <i>2</i> 2								
								3. Date Incorporated or Qualified 03/07/1994	3a. Date o		port	
2. Principal P	lace of Busir	iess	2a. A	Mailing Address		· · · · · · · · · · · · · · · · · · ·		4. FEI Number			plied For	
21			26	· • · · · · · · · · · · · · · · · · · ·				59-3233033		Not	t Applicable	
Suite, Apt.			27	<u> </u>				5. Certificate of Status Desired	\$	8.75 A		
City & State	e			City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees				
Ζιρ	-	Country	<u>├</u> ─¬	?ip	Coun	try		8. This corporation has liability for i			199.032,	
24		25 and Address of Curi	29	red Acent	30			Florida Statutes 10. Name and Address of New Re	Yes KXN			
)/CT			on nograte	100 Agoin		1 Name		IO. Italia alla Addissa di Itali Ita	gistoreo Age			
	TER, DAVID				}_							
5350 TECH DATA DR. CLEARWATER FL 34620					*	2 Street	Addre	dress (P.O. Box Number is Not Acceptable)				
	ANTIAICH	I L OTOLO			Ē	3						
						4 City			FL 8	5 Zip C	2ode	
11, Pursuant office or r	to the provis	ions of Sections 607.0 ent, or both, in the Sta	502 and 607 ate of Florida	7.1508, Florida Statu Such change was	tes, the abo	ve-named by the cor	d corpo rporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of cha appoint	anging its ment as r	registered registered	
1	ım tartıllar wi	im, and accept the ob	ligations of, a	Section bur.usus, F	iorida Statu	æs.						
Signature. 	Signature, typed	or printed name of registered	agent and little if a	applicable (NO	TE Registered	gent signatur	re required	when reinstating)	DATE			
12.		OFFICERS A	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC				
THE	DP			□ DELETE	1.1 TATA	Ε.	Į.		L	Change	Addition	
NAME		D, STEVEN A			1.2 NAW	E						
STREET ADDRESS				1.3 STR							Į.	
CITY-ST-ZIP		ATER FL 34620		W-V		-ST-ZIP	١,,				MT	
TITLE 	V	THEOTING A		K X DELETE	2.1 TIFL		DAN	MEMITY CUADLES V	لـا	Change	Addition	
Í NAME		, TIMOTHY A			2.2 NAM	_		NEWITZ, CHARLES V.				
STREET ADDRESS		CH DATA DRIVE			2.3 STR	ET ADDRESS		O TECH DATA DRIVE				
CIFY-S1-2IP		ATER FL 34620		Dolese.		Y-\$1-ZIP	ULE	ARWATER FL 34620		<u> </u>	11100	
TITLE	VŠT	A 18655DV B		☐ DELETE	3.1 TITU		1		لا	Change	Addition	
NAME		S, JEFFERY P			3.2 NAM	E						
STREET ADDRESS	1	CH DATA DRIVE			3.3 STRI	ET ADDRESS	1					
CITY-ST-ZIP	CLEAHW	ATER FL 34620		Delete		Y-ST-ZIP				<u> </u>	1.4400	
TITLE .				☐ DELETE	4.1 TITL	E	1		ليا	Change	L. Addition	
NAME					4. 2 NAJ		ſ					
STREET ADDRESS						ET ADDRESS	}				{	
C11Y - 51 - 21F		····		December		·ST-ZIP				Change	Addition	
TITLE				☐ DELETE	5.1 TITL		1		L	Change	☐ Addition	
NAME					5.2 NAM							
STREET ADDRESS ({				5.3 STA	EET ADDRESS					-	
CITY-ST-ZIP				T on the		-ST-ZIP	 			06	A district	
TITLE	I			DELETE	6.1 TITE	F	1		1.1	Change	Addition	

14. I do fereby 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.

6.4 CITY-ST-ZIP

63 STREET ADDRESS

6.2 NAME

SIGNATURE: Jeffery P. Howells, Vice President

NAME

STREET ADDRESS

Date Oate

813/539-7429

FILED

Apr 22 1997 8:00am

Secretary of State