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FILED
Apr 22 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 # P94000017589 (0)

1. Corporation Name
TECH DATA CONSIGNMENT, INC.

Principal Place of Business

5350 TECH DATA DR.
CLEARWATER FL 34620

Mailing Address

5350 TECH DATA DR.
CLEARWATER FL 34620-3122



3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-3290567

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

10. Name and Address of New Registered Agent

VETTER, DAVID R
5350 TECH DATA DR.
CLEARWATER FL 34620

81 Name

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

83

84 City

FL

85 Zip Code

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, TIMOTHY A	
STREET ADDRESS	5350 TECH DATA DR.	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWELS, JEFFERY P	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VETTER, DAVID R	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SINGLETON, ARTHUR W	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ATTINELLA, MICHAEL J	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMUND, STEVEN A	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IBARGUEN, ANTHONY A.	
1.3 STREET ADDRESS	5350 TECH DATA DRIVE	
1.4 CITY - ST - ZIP	CLEARWATER FL 34620	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANNEWITZ, CHARLES V.	
5.3 STREET ADDRESS	5350 TECH DATA DRIVE	
5.4 CITY - ST - ZIP	CLEARWATER FL 34620	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arthur W. Singleton, Secretary & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

813/539-7429 X77083

Date

Daytime Phone #

CR2E034 (9/96)