

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022415 (1)

1. Corporation Name

BCD COMPUTER DISTRIBUTIONS, INC.



Principal Place of Business

~~1550 BRUCE B. DOWNS BLVD.~~
~~BLDG. 9, SUITE 214~~
~~TAMPA FL 33613~~

Mailing Address

~~1550 BRUCE B. DOWNS BLVD.~~
~~BLDG. 9, SUITE 214~~
~~TAMPA FL 33613~~

2. Principal Place of Business

2a. Mailing Address

21 1911 E. Fowler Ave.

26 1911 E. Fowler Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33612

25

29 33612

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3240376

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

10. Name and Address of New Registered Agent

VACCARO, LEE P

~~1550 BRUCE B. DOWNS BLVD.~~

~~BLDG. 9, SUITE 214~~

~~TAMPA FL 33613~~

81 Name

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

25335 Oaks Blvd.

83

84 City

Land O' Lakes

FL

85

Zip Code

34639

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

☐ DELETE

NAME

D VACCARO, LEE P

STREET ADDRESS

~~1550 BRUCE B. DOWNS BLVD. BLDG. 9, SUITE 214~~

CITY- ST- ZIP

~~TAMPA FL 33613~~

1.2 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.3 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

25335 Oaks Blvd.

Land O'Lakes, FL 34639

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

400001795984
-04/26/96--01038--012
***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

22
4.24

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 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:

Lee Vaccaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

Daytime Phone #

CR2E034 (12/95)