

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029598

1. Corporation Name

Computers 4 U Inc.
4988 N. University Drive #136
Lauderhill, FL 33351

Principal Place of Business

Mailing Address

12630 N.W. 14th Place
Sunrise, FL 33323

4988 N. University Dr.
Suite 136
Lauderhill FL 33351

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or) revised
01/01/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 12630 N.W. 14th Pl

26 4988 N. University Dr.

65-0483080

Not Applicable

22 Suite Apt # etc

27 Suite Apt # etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 Sunrise FL

28 Lauderdale FL

Trust Fund Contribution

Added to Fees

24 33323 Country

29 33351 Country

30 USA

8. This corporation has liability for intangible tax under s. 198.01, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AmeriLawyer
343 Almeria Avenue
Coral Gables FL 33134

81 Name Allan Kersch
82 Street Address (P.O. Box Number is Not Acceptable) 12630 N.W. 14th Place
83
84 City Sunrise FL 85 Zip Code 33323

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 *all Kersch*

3/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	2. TITLE
3. STREET ADDRESS	4. CITY, ST, ZIP
5. NAME	6. TITLE
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99. STREET ADDRESS	100. CITY, ST, ZIP

1. NAME *President* ☒ Change ☐ Addition
2. NAME *Nanci Kersch*
3. STREET ADDRESS *12630 N.W. 14th Place*
4. CITY, ST, ZIP *Sunrise FL 33323*
5. NAME *Secretary - Director* ☐ Change ☒ Addition
6. NAME *Allan Kersch*
7. STREET ADDRESS *12630 N.W. 14th Place*
8. CITY, ST, ZIP *Sunrise, FL 33323*
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(1)(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 a check or other mark 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *all Kersch*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
Allan Kersch

3/29/95 305-846-0929