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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State Division of Corporations
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DOCUMENT # P94000040842 (4)
1. Corporation Name
M A D COMPUTERS, LTD., CO.

Principal Place of Business 9753 PRESTON TRAIL WEST PONTE VEDRA BEACH FL 32082	Mailing Address 9753 PRESTON TRAIL WEST PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. # etc. 27. City & State 28. Zip	3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report	4. FET Number	☒ 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 § 199.032, Florida Statutes. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent DUBIN, MICHAEL A 9753 PRESTON TRAIL WEST PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE _____
Name of Registered Agent: _____
Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME DUBIN, MICHAEL A STREET ADDRESS 9753 PRESTON TRAIL WEST CITY, STATE, ZIP PONTE VEDRA BEACH FL 32082	D	1. NAME P/D	☒ Change ☐ Addition
NAME DUBIN, KAREN L STREET ADDRESS 9753 PRESTON TRAIL WEST CITY, STATE, ZIP PONTE VEDRA BEACH FL 32082	D	2. NAME V/D	☒ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

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 199.032 (b), Florida Statutes. I further certify that the information submitted 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 this corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this filing is not an acknowledgment with an address.

SIGNATURE:  **Michael A. Dubin** April 29, 1995 904-285-8574
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR