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Feb 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000046782 (6)**

1. Corporation Name  
**COMPUTER DATA SUPPLIES, INC.**

Principal Place of Business

**1444 BISCAYNE BLVD.  
SUITE 208  
MIAMI FL 33132**

Mailing Address

**1444 BISCAYNE BLVD.  
SUITE 208  
MIAMI FL 33132-1422**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
**06/17/1994**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number

**65-0496739**

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

**IVORY, JAMES A  
6920 SW 44TH ST. APT. #212  
MIAMI FL 33155**

81 Name

**Same**

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

**1444 Biscayne Blvd #208**

83

84 City

**Miami FL**

**FL**

85 Zip Code

**33132**

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

**James A. Ivory**

**James A. Ivory 2-9-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **IVORY, JAMES A**  
STREET ADDRESS **6920 SW 44TH ST. APT. 212**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Owner / President** ☒ Change ☐ Addition  
12 NAME **James A. Ivory**  
13 STREET ADDRESS **1444 Biscayne Blvd**  
14 CITY-ST-ZIP **Miami FL 33132**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

**James A. Ivory**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Ivory**

**2-9-97**

Date

Daytime Phone #

**305-579-8600**

CR2E034 (9/96)