FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:36

DOCUMENT # P94000048374 (0)

1. Corporation Name
COMPUTER DEPOT, INC.

Principal Place of Business
888 EAST LAS OLAS BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

Mailing Address
888 EAST LAS OLAS BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7975 W. COMMERCIAL BLVD
Suite, Apt. #, etc.
22
City & State
23 FT. LAUDERDALE, FL
Zip
24 33442
Country
25

2a. Mailing Address
26 1020 NEWPORT CENTER DR. W
Suite, Apt. #, etc.
27
City & State
28 DEERFIELD BEACH, FL
Zip
29 33442
Country
30 BROWARD

4. FEI Number: 65-0503604 ☐ 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
WASCH, JOSEPH C
888 EAST LAS OLAS BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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: Joel C. Wasch — 4/28/95
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMES, DAVID A
STREET ADDRESS	22397 SW 66TH AVE
CITY ST ZIP	BOCA RATON FL 33428
TITLE	~~[struck through]~~
NAME	~~[struck through]~~
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	D, VP	☐ Change ☒ Addition
2.2 NAME	KERENSKY, GERALD	
2.3 STREET ADDRESS	1020 NEWPORT CENTER DR. W.	
2.4 CITY ST ZIP	DEERFIELD BEACH, FL 33442	
3.1 TITLE	D, V.P.	☐ Change ☒ Addition
3.2 NAME	BISHOP, ROBERT J.	
3.3 STREET ADDRESS	1020 NEWPORT CENTER DR. W.	
3.4 CITY ST ZIP	DEERFIELD BEACH, FL 33442	
4.1 TITLE	D, S	☐ Change ☒ Addition
4.2 NAME	LOPEZ, DENNIS	
4.3 STREET ADDRESS	1020 NEWPORT CENTER DR. W.	
4.4 CITY ST ZIP	DEERFIELD BEACH, FL 33442	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ 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 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 the address.

SIGNATURE: [signature] — 4/28/95 — (305) 486-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID A. AMES, PRESIDENT

0210020 CP