

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 # P94000048374 (0)

1. Corporation Name

COMPUTER DEPOT, INC.

Principal Place of Business

2975 W. Commercial Blvd.
Ft. Lauderdale, FL
33309

Mailing Address

1020 Newport Center Dr. W.
Deerfield Beach, FL
33442

3. Date Incorporated or Qualified
06/29/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

888 E. Las Olas Blvd.

27

Suite, Apt. #, etc.
300 Att: J. Wasch

28

City & State
Ft. Lauderdale, FL

29

Zip
33301

30

Country
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

10. Name and Address of New Registered Agent

WASCH, JOSEPH C.
888 East Las Olas Boulevard
Suite 300
Fort Lauderdale, FL 33301

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

(Signature, typed or printed name of registered agent and file, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
Ames, David A.
22397 S.W. 66 Avenue
Boca Raton, FL 33428

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D,VP
Kerensky, Gerald
1020 Newport Center Dr. W.
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D,VP
Bishop, Robert J.
1020 Newport Center Dr. W.
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D,S
Lopez, Dennis
1020 Newport Center Dr. W.
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

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

Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David A. Ames, President

Date

Daytime Phone

2/7/96

CR2E034 (12/95)