

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
 AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 11 AM 9:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000063430 (0)

1. Corporation Name
BLACK BOX COMPUTING, INC.

Principal Place of Business Mailing Address
2805 MAYER STREET ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1994** 3a. Date of Last Report **N/A**
 4. FEI Number **59-3264117** 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

2. Principal Place of Business 2a. Mailing Address
 21 **3221 INVERNESS COURT** 26 **3221 INVERNESS COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **ORLANDO, FLORIDA** 27 **ORLANDO, FLORIDA**
 City & State City & State
 24 **32806** 25 **U.S.** 28 **32806** 30 **U.S.**
 Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SPARLING, DWIGHT D
2805 MAYER STREET
ORLANDO FL 32806
 81 Name **SPARLING, DWIGHT D.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3221 INVERNESS COURT
 83
 84 City **ORLANDO** FL 85 Zip Code **32806**

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 *Dwight D. Sparling* DATE 7/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LEON E. HART IV
STREET ADDRESS		1.3 STREET ADDRESS	3637 GLEN VILLAGE COURT
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ORLANDO, FLORIDA 32822
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwight D. Sparling P.R.S.* DATE 7/6/95 TELEPHONE # 407-850-5500
Signature and typed or printed name of signing officer or director Date (Day/Month/Year)

CR2E034 (3/95)