## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	996	DIVISION	DE CORPORATIONS		
DOCUN 1. Corporation	MENT # P940 NAME  IC COMPUTERS, INC.	00069877 (	6)		
Dillaran	O COMP OTETIO, INC.				
Principal Place of	of Business	Mailing Address			
5760 SW 88TH AVE 5760 SW 88TH AVE					
COOPER CITY	FL 33328	COOPER CITY FL 3	3328	Date Incorporated or Qualified	3a. Date of Last Report
				09/22/1994	08/14/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4, FEFNumber 65-0522775	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State		28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
24	[25] g_ Name and Address of Cur	29  rrent Registered Agent	[30]	10. Name and Address of New I	<del></del>
			81 Name		
LEVY, MARCO 5760 SW 88TH AVE			82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	CITY FL 33328		83		
			84 City	.,,	85 Zip Code
11. Pursuant to	the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above named corpo	ration submits this statement for the pu	rpose of changing its registered office
or registere familiar with	id agent, or both, in the State of F n, and accept the obligations of, S	Florida, Such change was auth Section 607.0505, Florida Stall	orized by the corporation's boa ites.	ard of directors. I hereby accept the app	pointment as registered agent. Fam
SIGNATURE _	Signature, byped or printed name of rugistered	agent and title if a gricabile	(NOTE: Begistored Agent signature require	ed when reinstating)	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	D Levy, Marco	DEFETE	1 1 TITLE 1,2 NAME		El charge El Xouron
STREET ADDRESS	5760 SW 88TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328	["] DELETE	1.4 City-St-ZiP 2-1 Tible		Change Add tion
NAME		<u></u>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE	2.4 CITY-S1-ZIP 3.1 TINLE		☐ Change ☐ Addition
NAME		<b>E</b> . J	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4 C(TY-ST-Z)P . 4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STHEEL ADDRESS		
CITY-ST-ZIP TITLE		[] DELFIE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6 1TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP		1	6.3 STREET ADDRESS 6.4 CHY-ST-ZIP		
14. I do hereb	the inferentian indicated on this	annual report or supplemental.	furnished and does not qualify	for the exemption stated in Section 11 ate and that my signature shall have the	e same legal effect as if made under
I oath: that	the information indicated on Pay- Lam an officer or director of the c Block 12 or Block 13 if changed	corporation or the receiver or th	istee enipowered to execute th	ate and trai my signature shall riave that is report as required by Chapter 607, f	Florida Statutes; and that my name

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimi∈ Phone #