

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 # P95000001650 (7)

1. Corporation Name

COMPUTERS MADE SIMPLE, INC.



Principal Place of Business

Mailing Address

C/O MR. GARY PEREZ  
310 SW OCEAN BOULEVARD  
STUART FL 34994

C/O MR. GARY PEREZ  
310 SW OCEAN BOULEVARD  
STUART FL 34994

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

—

2. Principal Place of Business

2a. Mailing Address

21 130 ST LUCIE LN

26 130 ST LUCIE LN

4. FEI Number

65-0551183

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 STUART, FLA

28 STUART, FLA

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

34994

USA

30 34994

USA

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

PEREZ, BARBARA  
2006 N.E. RIVER-TEAR  
JENSEN BEACH FL 34957

81 Name

PEREZ, BARBARA

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

130 ST LUCIE LN

83

84 City

STUART

FL

85 Zip Code

34994

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

Barbara S. Perez - Secretary & Treasurer

2-26-96

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

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P/O  
GARY A. PEREZ  
130 ST LUCIE LN  
STUART, FL 34994

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP-SECRETARY & TREASURER  
BARBARA PEREZ  
130 ST LUCIE LN  
STUART, FL 34994

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

NAME

STREET ADDRESS

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 an address.

SIGNATURE:

GARY A. PEREZ

SIGNING OFFICER OR DIRECTOR

2-26-96 (407) 335-2052

Date

Daytime Phone #

CR2E034 (12/95)