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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **A95000010328**

1. Corporation Name

COMPUTER CONCEPTS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

2/7/95

2. Principal Place of Business

2a. Mailing Address

21 **6958 PALMETTO CIRCLE SOUTH**

SAME

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

#402

23 City & State

28 City & State

BOCA RATON, FL

24 Zip

25 Country

29 Zip

30 Country

33433

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISE, INC.
4521 PGA BLVD, STE 211
PALM BEACH GARDENS, FL 33418**

81 Name

ROBERT BRANDT

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

6958 PALMETTO CIRCLE SOUTH

83

#402

84 City

BOCA RATON

85 FL

33433

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

Rm Brandt Rm Brandt - President

4/24/96

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required above name change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DR ROBERT BRANDT**
STREET ADDRESS **5200 NW 31ST ST, #C41**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

1.1 TITLE Change Addition
1.2 NAME **DR ROBERT BRANDT**
1.3 STREET ADDRESS **6958 PALMETTO CIRCLE SOUTH #402**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**400001807884
-05/06/96--01008--025
***200.00**

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: **Rm Brandt Rm Brandt PRESIDENT 4/24/96** 407-447-2955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date, Phone #

CRE034 (12/95)

5/1/96