

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 # **P95000010328**

1. Corporation Name

COMPUTER CONCEPTS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **6958 PALMETTO CIRCLE SOUTH** **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#402**

27

City & State

City & State

23 **BOCA RATON, FL**

28

Zip

Zip

24 **33433**

25 **PALM BEACH**

30

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

2/7/95

4. FEI Number

Applied For

65-0555924

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

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

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

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**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☒ Change ☐ Addition
2. NAME **DR ROBERT BRANDT**
3. STREET ADDRESS **6958 PALMETTO CIRCLE SOUTH #402**
4. CITY-ST-ZIP **BOCA RATON, FL 33433**

2. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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--035

*****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

CR2034 (12/95)

5/1/96