## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000012358 (4)

COMPUTER SHOPPER WAREHOUSE, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 16 1997 8:00am Secretary of State



1747 INDEPENDENCE BLVD., E13 SARASOTA FL 34234			1747 INDEPENDENCE BLVD., E13 Sarasota fl. 34234-2146					
					3. Date Incorporated or Qualified 03/01/1995	3a. Date 09/23		Report
2. Principal F	Place of Business	2a. Ma ling Address	2a. Ma ling Address				pplied For	
21		26	26		65-0556220	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	Zip	Cour	ntrv	This corporation has liability for it			to Fees
24	25	29	30	,		Yes	x under s No	. 199.032,
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
TRU	DEL, FRANCINE			B1 Name				
1747	7 INDEPENDENCE BLVD., E13		-	82 Street Add	dress (P.O. Box Number is Not Acceptab	lo)		
SAR	ASOTA FL 34234			DA DATES AC	diess (1.0. box Number is Not Acceptab	(e)		
			Į.	83			~	
			ŀ	B4 City			<b>85</b> Zip	Code
11 Purcuant	to the recognizer of Sections 6077	0500 and 607 1509 Florida Ptot	do adt aat		rporation submits this statement for the p	FL		
OHICE OF I	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	i authorized	by the corpora	rporation submits this statement for the patients acceptation's board of directors. I hereby accept	urpose of cr It the appoin	itment as	registered
SIGNATURE	Signature, typed or postero name of registered	opeol and lite if applicable (NC	Ti. Register <b>ed</b>	Agent signature /eq	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	IS IN 12
TUVE	D	☐ DELETE	1.1 TITE	E			Change	Addition
NAME	TRUDEL, LOUIS			AE				
STREET ADDRESS	1747 INDEPENDENCE BLVD	., E13	1.3 STR	EET ADDRESS				
CITY-ST-Z/P	SARASOTA FL 34234		1.4 C(T)	/-S1-ZIP				
TITLE	D CONTROL COANCING	DELETE	2.1 TITL	E			] Change	Addition
NAME	TRUDEL, FRANCINE 1747 INDEPENDENCE BLVD., E13			AE .				
STREET ADDRESS	SARASOTA FL 34234	., E13		FET ADDRESS				
CITY-ST-ZIP TITLE	SANASUIA FL 34234	DELETE		Y-ST-ZIP		······	1 AL	T 1
NAME		בן טנננוג	31 1/1			L.	] Change	Addition
STREET ADORESS			3.2 NAN					
CITY-ST-ZIP				EET ADDRESS				
TITLE		DELETE	4 1 TITL	Y-ST-ZIP			Change	Addition
NAME			4 2 NAI			<b>-</b>	, with the	
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
TITLE		DELETE	5 1 TITL				Change	Addition
NAME			5.2 NAN	ŀ			•	
STREET ADDRESS			5 3 STR	EET ADDRESS				
CITY - ST - ZIP				- ST - ZIP				
TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAN	i£				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP			6.4 <b>)</b> CITY	- ST - ZIP				
<ol> <li>I do heret informatio</li> </ol>	by certify that the information supplies in indicated on this armual report of	lied with this filing does not qual or supplemental annual report is	lify for the e	xemption state	d in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legat	. I further ce	rtify that	the

am an officer or director of the corporal on of the receiver or truttee empowered be 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:**