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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012358

COMPUTER SHOPPER WAREHOUSE, INC.

Principal Place of Business

Mailing Address

1747 INDEPENDENCE BLVD., E13 SARASOTA FL 34234

2. Principal Place of Business

1747 INDEPENDENCE BLVD., E13

SARASOTA FL 34234

2a. Mailing Address

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90142 043 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/01/1995

4. FEI Number

7091	Pinnacle Dr	26 68	35	14th	St	West		65-055	62 <u>20</u>			_ N	ot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					Cartifacta	of Status De	eirad			Additional
Ste #	27						, Certificate	.01.5iams De:	SII CU		Fee R	equired	
City & State	•	City &	State			+	6	. Election C	ampaign Fina	ancing		\$5.00	May Be
Ft My	ers ^{FL}	28 Bra	dente	on		FL		Trust Fun	d Contribution	1	ابيا 	Added	to Fees
Zip	Country	Zip			Country		8	. This corpo	oration owes t	he curr	ent year Int	angible	
3390	7 [25] USA	29 34	207	30	τ	JSA			Property Tax.			Yes	X□No
	9. Name and Address of Current	Registered A	gent			· ·	10). Name an	d Address of	New R	Registered	Agent	
					81	Name							
TRUDEL, FRANCINE							ddress (P.O. Box Ni	umber is Not	Accepta	ıble)	•	
1747 INDEPENDENCE BLVD., E13						Street A	5 ì	4th S	t West	;	,		
SAR	ASOTA FL 34234				83								
						1 0"						os 7in	Codo
					84		dent	· on			FL	85 Zip	Code 34207
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508	, Florida S	tatutes, tl	he abov	e-named c	ornoratio	on submits t	his statement	for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of	Florida, Such	change w	ras autno	rizea by	tne corpor	ration's b	oard of dire	ctors. I hereb	y accer	t the appoi	ntment as r	egistered
agent. I ai	m familiar with, and accept the obligation	ns or, section	007.000		_				02 1	.o_0	10		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	a. (rud (日上 ent signature req	guired when	reinstating)	02-1	L Z = 5	DATE		
12.	OFFICERS AND			, , , , ,	13.				S/CHANGES	TO OF	FICERS AN	ND DIRECT	ORS IN 12
TITLE	D		☐ DELET	E	1.1 TITLE							☐ Change	
NAME	TRUDEL, LOUIS				1.2 NAME								
STREET ADDRESS	1747 INDEPENDENCE BLVD., E1	13			13 STREE	ET ADDRESS		5835	14th 8				-
	SARASOTA FL 34234	. •			14 CITY-5		I	3rader	nton Fl	. 3	34207		
CITY-ST-ZIP	D		☐ DELET	E	2.1 TITLE	31-21						Change	☐ Addition
NAME	TRUDEL, FRANCINE		_		2.2 NAME								
STREET ADDRESS	1747 INDEPENDENCE BLVD., E	12		1		TADORESS	683	35 14	4th st	Wes	st .	- .	
	SARASOTA FL 34234				2. 4 CITY-		Bra	adento	on FL :	3420)7		
CITY-ST-ZIP TITLE	SARAGOTA I E STEST		☐ DELET		3.1 TITLE	31-ZIF						[T] Change	Addition
					3.2 NAME								
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STREET ADDRESS						TADDRESS							
CITY-ST-ZIP			☐ DELET		3.4. CITY- 4.1 TITLE	\$1-ZIP						Change	Addition
TITLE													
NAME					4. 2 NAME								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP			C) pcies		4.4 CITY-1	ST-ZIP				·		☐ Change	Addition
TITLE			☐ DELET		5.1 TITLE							- Grange	
NAME				B	5.2 NAME								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					5 4 CITY-1							П.С	Addisia =
TITLE			☐ DELET	- 1	6.1 TITLE							☐ Change	Addition
NAME					6.2 NAME								
STREET ADORESS					6.3 STREE	ET ADDRESS							
CITY-ST-ZIP					6.4 CITY-								
14. I hereby o	certify that the information supplied with	this filiping doe	s not quali	ify for the	exemp	tion stated	in Section	on 119.07(3)(i), Florida St	atutes.	I further cer	tify 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 of 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: