FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012570 (4)					
MICRO COMPUTER EXPERTS, INC.					
Principal Place	of Business	Mailing Address		{	.B. 40010 H.B.O. 40141 H.G.O. \$014 H.G.
2500 N.W. 80TH AVE. 2500 N.W. 80TH AVE.					
MARGATE FL 33063 MARGATE FL 33063			1		
					ate of Last Report
	·····			02/13/1995	
2. Principal Pla 21 4748	ace of Business	2a. Mailing Address	22 hd ST	4. FEI Number 65 - 055 6215	Applied For
Suite Apt		Suite, Apt. #, etc.	~ 01.		Not Applicable \$8.75 Additional
22	NII NII NI	27		5. Certificate of Status Desired	Fee Required
City & State	it coal BI	City & State	reck.FL	6. Election Campaign Financing	\$5.00 May Be
23 (LOCO)	Country	28 CONO C	Country	Trust Fund Contribution 8. This corporation has liability for intangible	Added to Fees
24 330(63 25 US	29 33063	30 2	Florida Statutes Yes X No	tax diladi 5 100.002,
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
EDIENI	HAN HOWADD C		81 Name		
FRIEDMAN, HOWARD S 116 SOUTHEAST SIXTH COURT 82 Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33301					
			84 City		AF Zin Code
				F	- ' ' '
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	· <u> </u>			; · - · · · · · · · · · · · · · · · · ·	
12.	Signature, typed or printed name of registered agon OFFICERS AN	Land It & Papplicable. (NOT ID DIRECTORS	Flegistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE	7,55110103011144020100111021374	Change Addition
NAME	FRIEDMAN, STEPHEN D		1.2 NAME		
STREET ADDRESS	2500 N.W. 80TH AVE. MARGATE FL 33063		1.3 STREET ADDRESS		
CITY-ST-7IP	MANUAIE PL 33003	□ DELETE	1.4 CHY-SY-ZIP 2 1 TIBLE		Change Addition
NAME			2 2 NAME		Custige Nonteon
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHTY-ST-ZIP		
TITLE		☐ DELEYE	3 1 TITLE		Change Addition
NAME L			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		•	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP	***************************************		4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	v certify that the information supplied	with this filing is voluntarily furnis	6.4 CITY - ST - ZIP	or the exemption stated in Section 119 07/0///	Florida Statutes Lituribor
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 63 if changed, or on an attechment with an address.					
SIGNATURE: Status). 3 nolmo 4-28-96 (954) 978-8765					
JIGHA	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #
	ハじゃりりゃい	JJ. POJENMAY	1		