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PROFIT CORPORATION ANNUAL REPORT

1996



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

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DOC	LIMEN	IT #

1. Corporation Name

P95000017474 (4)

SOUTHERN COMPUTER APPLICATIONS & REPAIRS, INC.

Principal Place of Business Maling Address 2023 HOLLYWOOD BLVD. 2023 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 *65-056053*0 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes

☑ Yes □ No Zφ Country Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOLLANDER, BRUCE L Street Address (P.O. Box Number is Not Acceptable) 82 5555 HOLLYWOOD BLVD. 83 SUITE 200 HOLLYWOOD FL 33021 84 Zip Code City 85 FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida 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 changing was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NCHE, Registered Agent's glist in Signature, typed or printed many of required agent as differ diaggor at a OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change 1.110.8 TITLE JAMES & CHRISTINE CATTANACH NAME 1.2 NAM(2023 HOLLYWOOD BLVD. 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FLA. 33020 1.4 CHY - \$1 - 20 CITY - ST - ZIP DELETE 2 1 TITLE Change Add tion THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 2 4 CITY - S1 - ZIF DELETE Change Addition 3 1 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZiP CITY - ST - ZIP □ DELETE ☐ Change ■ Addition TITLE 4 1 TIBLE 4.2 N4ME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CHY - ST-ZIP DELETE Change Addition TITLE 5.1 TIBLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Add-tion TITLE 6 THILE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 office for director of the conjunction of the receiver or trustee empowered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an adultiment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MITHNAON

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