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 # P95000019730 (7)

1. Corporation Name

COMPUTERS AT WORK , INC.

Principal Place of Business	Mailing Address
5051 CASTELLO DRIVE. SUITE 17 NAPLES FL 33940	5051 CASTELLO DRIVE. SUITE 17 NAPLES FL 33940

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 3302 ARLETTE DR.
22 Suite, Apt. #, etc.
23 City & State: NAPLES, FL
24 Zip: 33942 25 Country

2a. Mailing Address
26 6017 PINE RIDGE RD
27 Suite, Apt. #, etc: # 129
28 City & State: NAPLES, FL
29 Zip: 33999 30 Country

4. FEI Number: 65-0605885 ☐ Applied For ☐ 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

LITTLE, LARRY
5051 CASTELLO DRIVE, SUITE 17
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: MARK BLOCK
82 Street Address (P.O. Box Number is Not Acceptable): 3302 ARLETTE DR
83
84 City: NAPLES **FL** 85 Zip Code: 33942

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: Mark Block
Signature, typed or printed name of Registered Agent and title if applicable (for CR: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DIRECTOR AND PRESIDENT~~	☐ DELETE	11 TITLE D/P	DIRECTOR AND PRESIDENT	☐ Change ☒ Addition
NAME	~~MARK BLOCK~~		12 NAME	MARK BLOCK	
STREET ADDRESS	~~3302 ARLETTE DR~~		13 STREET ADDRESS	3302 ARLETTE DR	
CITY-ST-ZIP	~~NAPLES, FL 33942~~		14 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	~~SECRETARY AND TREASURER~~	☐ DELETE	21 TITLE S/T	SECRETARY AND TREASURER	☐ Change ☒ Addition
NAME	~~PAMELA BLOCK~~		22 NAME	PAMELA BLOCK	
STREET ADDRESS	~~3302 ARLETTE DR~~		23 STREET ADDRESS	3302 ARLETTE DR	
CITY-ST-ZIP	~~NAPLES, FL 33942~~		24 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: Mark Block MARK BLOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96 941-514-2888
Date Daytime Phone #