

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3302 ARLETTE DR
NAPLES FL 33942

Mailing Address

6017 PINE RIDGE RD
#129
NAPLES FL 33999

3. Date Incorporated or Qualified
03/09/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4760 N. TAMiami TRAIL

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0605885

Applied For

Not Applicable

22 Suite 24

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 NAPLES, FL

29 City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

25 Zip

26 Country

27 Zip

28 Country

29 34103

30 US

31 Zip

32 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, MARK
3302 ARLETTE DR
NAPLES FL 33942

81 Name

BLOCK, MARK

82 Street Address (P.O. Box Number is Not Acceptable)

3302 ARLETTE DR

83

84 City

NAPLES

FL

85 Zip Code
34109

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.

(NOTE: Registered Agent signature required when reinstating)

2/24/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BLOCK, MARK
STREET ADDRESS 3302 ARLETTE DR
CITY-ST-ZIP NAPLES FL 33942

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME BLOCK, PAMELA
STREET ADDRESS 3302 ARLETTE DR
CITY-ST-ZIP NAPLES FL 33942

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

Signature typed or printed name of signing officer or director

2/24/97

Date

941-514-2888

Daytime Phone #

CR2E034 (9/96)