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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19965-1-96

3-5179 DIVISION OF CORPORATIONS

DOCUN 1. Corporation E-Z-W	MENT # P950 NAY COMPUTERS, INC.	00053113 (3	3)		
Principal Place of Business Maling Address 11621-1 S. CLEVELAND AVE. 11621-1 S. CLEVELU FT. MYERS FL 33907 FT. MYERS FL 3390		D AVE.		9111 88117 86481 81188 11181 11681 11889 1111 1881	
				3. Date incorporated or Qualified 07/05/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-059479	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for	
24	25	29	30		s 🗍 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	negistered Agent
CAMEN	itz, albert e			/D.O. Double show in Net Assents	<u></u>
11621-1 S. CLEVELAND AVE.			BZ Street Add	Address (P.O. Box Number is Not Acceptable)	
FT. MY	ERS FL 33907		83		
			84 City	 	FL 85 Zip Code
or registerer familiar with SIGNATURE	the provisions of Sections 607.050 (d agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such change was authorizer stion 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boa E. Registered Agent signature require	ration submits this statement for the purid of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TIFLE	CAMENTZ, ALBERT E	☐ DELETE	1 1 TITLE		Change Addition
NAME OTOSSI ADDRESO	11621-1 S. CLEVELAND A	VE.	1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL 33907	· - ·	1 3 STREET ADDRESS		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP		Police etc.	24 CITY-ST-ZIP		
THILE		DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CHY-ST-ZIP		
TIFLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE16	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		[] beech	5.2 NAME		Change C Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - S1 - ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHY-S1-ZIP	certify that the information supplied	with this filing is voluntarily furnic	64 CITY-ST-ZIP	for the exemption stated in Section 119	07/3/k) Florida Statutos I furthor
certify that to oath; that t	the information indicated on this ann	nual report or supplemental annu- oration or the receiver or trustee	al report is true and accura empowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, F	e same legal effect as if made under forida Statutes; and that my name
SIGNATI		OR PRINTED NAME OF SIGNING OFFICER	R DIRECTOR	x 4.27-9	6 × 941-275-5000