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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057587 (4)

COMPUTERS FRIENDLY, INC.

FILED May 02 1997 8:00am Secretary of State

O PORPORE NO DENE REPERTARENTE DENE REGINERON ANTO ANTO DORE COMO ESPARA PROPERTA

Principal Place of Business Mailing Address												
825 N. FERDO CRESTVIEW FI			625 N. FERDON BLVD. CRESTVIEW FL 32536-2111									
								3. Date Incorporated or Qualified 07/24/1995		te of Last R 29/1996	opart	
2. Principal P	lace of Busin	ness	2a. Mailing	2a. Mailing Address				4. FEI Number		Ar	plied For	
21			26					59-3324602		No	t Applicable	
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22			27					2. 00.11100.00 0. 010103 2001103		Fee Re	quired	
City & Stat	e		· · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing \$5.00 May Be				
23			[28]					Trust Fund Contribution				
Zip	ı ' ———————————————————————————————————			Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24 25 25 Name and Address of Current			29					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
WAI	RD, FREDR		Tell Togistered As	Juin		81	Name	to, name and Address of Now 1	egistorea	yent	·	
	n. Ferdo Stylew Fi			82 Street Ad			Street Addre	dress (P.O. Box Number is Not Acceptable)				
OnL	OTTICH I	. 02000			1	83						
						84	City		FL	85 Zip (Code	
11. Pursuant	to the provis	ions of Sections 607 (0502 and 607 1508	Horida Statul	tes the a	Ll hove	a-named coro	oration submits this statement for the		changing it	s registered	
office or r	registered ag	jent, or both, in the St	ate of Florida. Such	change was	authorize	d by	the corporation	oration submits this statement for the on's board of directors. I hereby according	opt the app	ointment as	registered	
	ım tamılıar w	itii, and accept the of	oligations of, Section	1 607.0505, FI	orida Stat	lules	3 .	7				
SIGNATURE	Signature tyrico	for printed name of registered	Lacon and title if unwheat it	e (NO)	(I. Élegistiro	d Anc	of squalum requie	ad when train lating.	DATE			
12,	o.g. alace, type		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12	
TITLE	D	***************************************		DELETE	1.1 11	TLF				Change	Addition	
NAME		REDRICK L			1.2 %	AME						
STREET ADDRESS	625 N. F	erdon blvd.			1.3 \$1	IREE I	ADORESS	i				
CITY-ST-ZIP	CRESTVI	EW FL 32536			1.4 CI							
TITLE				DELETE	2.1 TI					Change	Addition	
NAME	~~~				22 N	AME		•	1.75			
STREET ADDRESS					23 S	IRFET	ADDRESS	•				
CITY-ST-ZIP					240	IIIY-S	ST-7IP					
TITLE				DELETE	3.1 11					Charige	Addition	
NAME					3 2 N	AM(
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY-ST-ZIP					3.4. C	IIY- 5	ST - ZI P					
TITLE				DITTE	4.1 [[HE				Change	Addition	
NAME	1				4.2 N	IAME						
STREET ADDRESS					4.3 S	IHEE1	ADDRESS					
CITY-ST-ZIP					4.4 C	TY-S	1 - ZIF					
TITLE				DEFFIE	5.171	TLE	_	··		Change	Addition	
NAME					5.2 N	AME						
STREET ADDRESS					5.3 (5)	TREET	ADDRESS					
CITY-ST-ZIP				_	5.4 m	ITY - S	51- ZIP		·		·	
TITLE				DELETE	6 1 7 (TLE				Change	Addition	
NAME	1				62 N	AME						
	1						ı					

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

904-682.7000