

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 995000061326

1. Corporation Name
COMPUTER GURU OF PALM BEACH, INC.

Principal Place of Business
**205 Worth Avenue, #201
Palm Beach, FL 33480**

Mailing Address

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**Joseph Jordan, PA
500 Australian Avenue South, #600
West Palm Beach, FL 33401**

3. Date of Report
8/9/95

3a. Date of Report

4. FID Number
65-0600649

\$8.75 Additional
Fee Required

5. Certificate of State Income Tax

\$5.00 May Be
Added to Fee

6. Election Certificate Form

8. If corporation is subject to federal income tax, file Form 990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the information furnished on this report is true and correct to the best of his or her knowledge and belief, and that he or she is a duly qualified and authorized agent, familiar with and in a position to verify the correctness of the information furnished.

*SIGNATURE

12. OFFICER AND DIRECTORS

TITLE ☐ Officer ☐ Director

NAME **Michael Margolis**

STREET ADDRESS **205 Worth Avenue, #201**

CITY, STATE, ZIP **Palm Beach, FL 33480**

TITLE ☐ Officer ☐ Director

NAME **Benjamin Margolis**

STREET ADDRESS **205 Worth Avenue, #201**

CITY, STATE, ZIP **Palm Beach, FL 33480**

TITLE ☐ Officer ☐ Director

NAME **Sec./Treas./Dir.**

STREET ADDRESS **Herman James Margolis**

CITY, STATE, ZIP **205 Worth Avenue, #201**

TITLE ☐ Officer ☐ Director

NAME **Palm Beach, FL 33480**

TITLE ☐ Officer ☐ Director

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE ☐ Officer ☐ Director

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized agent, familiar with and in a position to verify the correctness of the information furnished.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**100001890081
-07/10/96--01093--041
***225.00**

CPRE034 (3/96)