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Apr 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 # P95000061713 (0)

1. Corporation Name

COMPUTERATI ASSOCIATES INC.



Principal Place of Business

4631 NORTHWEST 31ST AVENUE
SUITE 127
FORT LAUDERDALE FL 33309

Mailing Address

4631 NORTHWEST 31ST AVENUE
SUITE 127
FORT LAUDERDALE FL 33309-3433

3. Date Incorporated or Qualified

08/10/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0603344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 1000 W. McNab Rd

Suite, Apt. #, etc.

22 173

City & State

23 Pompano Beach FL

Zip

24 33069

Country

25 Broward

2a. Mailing Address

26 PO Box 9116

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33310

Country

30 Broward

9. Name and Address of Current Registered Agent

GREGORY J. CALLAHAN

4631 NW 31ST AVENUE

SUITE 127

FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Gregory J. Callahan

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

2831 N. Oakland Forest Dr

83

City

Oakland Park

FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CALLAHAN, GREGORY J
STREET ADDRESS 2831 N. OAKLAND FOREST DRIVE, APT. 312
CITY- ST- ZIP OAKLAND PARK FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
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CITY- ST- ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/97

Daytime Phone #

954-466-0613

CR2E034 (9/96)