

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063768 (2)**

1. Corporation Name
SANTEX COMPUTER TECHNOLOGY, INC.



Principal Place of Business: **10023 BELLERIVE BOULEVARD, SUITE 1508 JACKSONVILLE FL 32256**
Mailing Address: **10023 BELLERIVE BOULEVARD, SUITE 1508 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified 08/17/1995	3a. Date of Last Report
4. FEI Number 59-3331600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 10023 Belle Rive	26. 10023 Belle Rive
22. 1508	27. 1508
23. Jax Florida	28. Jacksonville FL
24. 32256 25. USA	29. 32256 30. USA

9. Name and Address of Current Registered Agent
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81. Name Anita D-Prasob	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable) 10023 Belle Rive Rd.	
83. # 1508	
84. City Jax	85. Zip Code FL 32256

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: *Anita Prasob* **Anita Prasob** **04/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRASOB, ANITA P	1.2 NAME	
STREET ADDRESS	10023 BELLERIVE BOULEVARD, SUITE 1508	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, PRASOB L	2.2 NAME	
STREET ADDRESS	10023 BELLERIVE BOULEVARD, SUITE 1508	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anita Prasob* **Anita Prasob** **04/1/96** **904-998-746**

CR2E034 (12/95)