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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

0362052

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071902 (7)

MG COMPUTER SUPPLY, INC. Principal Place of Business Mailing Address 9207 LAZY LN. TAMPA FL 33614 TAMPA FL 33614-1513									
						3. Date Incorporated or Qualified 09/14/1995		e of Last F	Report
2. Principal Place of Business 2a. Mailing Address			ss					pplied For	
1 26				·	and the community of the contract of the contr			ot Applicable	
Suite, Apt. #, etc. 27		etc.			5. Certificate of Status Desired			Additional lequired	
2					6. Election Campaign Financing) May Be	
23		28				Trust Fund Contribution			to Fees
Z _{ip} Country		Zip				8. This corporation has liability for intangible tax under s. 199.032,			
<u>!4</u>	25	29	30	,	······································		Yes [
	9. Name and Address of Curr	ent Registered Agent		B1	Name	10. Name and Address of New Re	gistered A	gent	
	ER, RANDELL								
315 S. HYDE PARK AVE. TAMPA FL 33606				82 Street		ress (P.O. Box Number is Not Acceptab	le)		
IAM	IFM FL 33000			83			 		
								, ,	
				84	City		FL	85 Zip	Code
12.	T	ND DIRECTORS	13		ant signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE			
TITLE	D DALIAN MOUAC	DEL.		TITLE			1	Change	Addition
NAME	GRAHAM, MICHAEL 901 HOLLYSHORE DR.		1 1	NAME					
STREET ADDRESS CDY-ST-709	LUTZ FL 33549				ADDRESS				
HUF	D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Additio
NAME	GRAHAM, LISA		2.2	NAME	1				
STREET ADDRESS	901 HOLLYSHORE DR.		2.3	STREET	ADDRESS				
CHY-S!-ZIP	LUTZ FL 33549				ST-ZIP			,	
THUE		☐ D£L		IIILE	J			Change	Addition
NAME CONTRACTOR				NAME					
STREET AUDRESS City - St - Zip					ADDRESS ST-ZIP				
TILE		DEL		TITLE	51-217			Change	Addition
NAME			4.2	NAME	ſ				
STERET ADDRESS					ADDRESS				
CITY-ST 741				CITY-S	IT-ZIP				
1007		☐ DEL	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	TITLE				Change	Addition
NAME				NAME	1				
STREET ADDRESS					ADDRESS				
City+S1+7iP Titlf		DEL.		CITY-S TITLE	ST - ZIP	***************************************		Change	Addition
		Lag Ott		NAME	1		1	mi ounde	L.J AUGILIO
NARAL I	}		1						
			£ 2 ■	CTACCT	ADDRESS				
NAME STREET ADDRESS CITY - ST- ZIP			1	STREET CITY-S	ADDRESS T-ZIP				