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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Feb 16 1998 8:00am Secretary of State

	D COMPUTERS WAREHOU	ISE, INC.					
Principal Plac	ce of Business	Mailing Address			LOGO ISO SOCES OSTIT BOTEL ODILI I	DUNI BAHN TUBAN DADA KAN	JT TBYOK ILOY FBOX
225 LIVE OAK BLVD. 225 LIVE OAK BLVD. CASSELBERRY FL 32707 CASSELBERRY FL 32707			7				
						E IN THIS SPACE	
					corporated or Qualified		
2. Principal F	2. Principal Place of Business 2a. Mailing Address			4. FEI Nui	6/1995 mber		Applied For
21		26		I **			Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			ate of Status Desired		5 Additional
22		27		o, cermic	ate of Status Desired	Fee	Required
City & State		City & State			n Campaign Financing		00 May Be
23 Country		28 Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
Zip	Country	Zip	Country 30	i	rporation owes or has p al Property Tax due Jun	— '	Intangible No
24	25 9. Name and Address of Curre	nt Registered Agent	[30]	<u>k</u>	and Address of New R		
OH.	NG, CHIANG		81 Na				
225 LIVE OAK BLVD.			82 Str	ot Address (D.O. Boy	Number is Not Accepta	ublo)	
	ASSELBERRY FL 32707		02 30	er Address (F.O. Dox	Number is Not Accepte	iole)	
			83				
			B4 Ci			85 Z	ip Code
office or agent. La	to the provisions of Sections 607.05/ registered agent, or both, in the State any familiar with, and do con the oblig Signature, yould be points passed of registered ag			orporation's board of		ept the appointment	as registered
12.	1	ID DIRECTORS	13.		NS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Chanç	ge Addition
NAME	ONG, CHIANG S		1.2 NAME				
STREET ADDRESS	225 LIVE OAK BLVD.		1.3 STREET ADDR	s			
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY - ST - ZIP			-	
TALE	V	DELETE	2.1 TiTL€			∐ Chang	ge 📙 Addition
NAME	ONG, HOCK S		2.2 NAME				
STREET ADDRESS	4461 DRYTON LANE		2.3 STREET ADDR	S			
CITY-ST-ZIP	OVIDO FL 32765	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			☐ Chang	ae Addition
TITLE NAME	TEHNSHEN, CHESTER K	[DECETE	3.1 TITLE			C. Cikalif	le Divagnion
STREET ADDRESS	3331 CANBAY AVENUE		3.3 STREFT ADDR	6			
CITY-ST-ZIP	ORLANDO FL 32817		3.5 STREET AUDIT	3			
TITLE	OTICATION TE DESTY	☐ DELETE	4.1 THLE			Chang	ge Addition
NAME			4. 2 NAME			_ `	_
STREET ADDRESS			4.3 STREET ADDR	s			i
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	s			į
CITY-ST-ZIP			5.4 CITY - ST- ZIP				
TITLE		DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREET ADDR	S			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6 4 CITY - ST - ZIP	1			
STREET ADDRESS CITY-ST-ZIP	cartily that the information sumplied v	with this tilling does not qualify t	6.3 STREET ADDR 6.4 City-St-Zip		7(3)(i) Florida Statutos	Lfurther certify that I	the informa

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutos. 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 trusted 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 attrictionally with an address.