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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000079302 (2)

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1. Corporation Name		

NORTECH COMPUTER SERVICES, INC. Mailing Address Principal Place of Business -2207 BAY BOULEVARD 2207 BAY BOULEVARD SUITE-100 SUITE 100-INDIAN POCKS BEACH FL 94635 INDIAN ROCKS BEACH PL 34635 3a. Date of Last Report 3. Date incorporated or Qualified 10/12/1995 **FEI Number** Applied For 2a. Mading Address 2. Principal Place of Business 8440 ULMERTON ROAD 59-3339277 Not Applicable 8440 ULMERTON ROAD 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required SUITE # 510 SUITE # 510 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 1 ARGO, FL 23 LARGO Inis corporation has liability for intangible tax under s 199.032, 30 PINFLLAS Yes No PINEUAS Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NORTON, KEVIN 82 2207 BAY BOULEVARD 83 SUITE 102 INDIAN ROCKS BEACH FL 34635 Zip Code City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE NOTE: Regulated Agent agratur, required when tests athly) DATE Signature, typed or promed has elof registered agent and the it apple also ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition [] DELETE 1 1 TITLE TITLE 1.2 NAME NORTON, KEVIN NAME 1.3 STREET ADDRESS 2207 BAY BOULEVARD, SUITE 102 STREET ADDRESS **INDIAN ROCKS BEACH FL 34635** 14 CHY+ST-7P CITY - ST- ZIP ☐ Change neit bbA DELETE 2.1 Title TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - ST - Z-P CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST. ZIF CITY-ST-ZIP Change Addition DELETE 4 1 T:TLF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP SÕÕÕÕTSEESSS Addition DELETE 5 LITITLE TITLE 5.2 NAME NAME -06/19/96--01014--021 5.3 STREET ADDRESS STREET ADDRESS ***200.00 5.4 CHY+ST-ZIP CITY - ST - 71P Change Add tion DELETE 8.1 HE.E. TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - Z P 14. I do hereby certify that the information supplied with this fling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 early 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:

YEVIN G. NOLTON YPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/15/96 813)596-3564

CR2E034 (12/95)