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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079853 (4)

COMPUTERAGE OF PALM BEACH, INC.

Principal Place of Business Mailing Address						*********		
2953 FOREST HILL BLVD SUITE #4 WEST PALM BEACH FL 33406 US			PO BOX 19982 WEST PALM BEACH FL 33416 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
							10/13/1995	
	icipal Place of Business	•	2a. Mailing Address	,,			4. FEI Number Applied For	
21 Suite And Honor			Suite Act # oto				65-0628215 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Ζip		Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25			30			Personal Property Tax due June 30. 🔀 Yes 🔲 No	
		Address of Current F	Registered Agent				10. Name and Address of New Registered Agent	
	gaminara, davi				B1	Name	me	
1580A FORREST LAKE CIRCLE			82			Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33406					83			
				ļ	63	İ		
					84	City	y FL 85 Zip Code	
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 obligations of, Section 607.0505, Florida Statutes.								
SIGNA		_						
	Signature typed or pr	inted name of registered agent a			Age	nt signature	nature required when reinstating) DATE	
12.	10	OFFICERS AND I	JIRE CTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	GAMINARA	DAVID O	FT DETEIR	1,1 IIII			Citalitie	
STREET A		REST LAKE CIRCLE				ADDRESS	cce .	
CITY-ST-	MEAT DA	M BEACH FL 33406		1.4 CIT			100	
TITLE	D		DELETE	2.1 117		1-211	Change Addition	
NAME	GAMINARA	, NINOSKA G		2.2 NAI	ME			
STREET A	1	REST LAKE CIRCLE		23 STF	REFT	ADDRESS	ESS	
CITY-ST-	ZIP WEST PALI	M BEACH FL 33406		2 4 CI	IY-S	ST-ZIP	· [
TITLE			☐ DELETE	31 1(1)	LF		Change Addition	
NAME				3.2 NA	ME			
STREET A	DDRESS			3.3 STF	REET	ADDRESS	FSS	
CITY-ST-	ZIP			3.4. CI		T-ZIP		
TITLE			[J DELETE	4.1 7(1)			Change L Addition	
NAME				4, 2 NA				
STREET A						ADDRESS	ESS	
CITY-ST-	ZIP		DELETE	4.4 CIT		1 - ZIP	Change Addition	
NAME			Doctor	5.2 NA			Oritingo El Audolitori	
STREET A	ODBECC			1		ADDRESS	600	
CITY-ST-				5.4 CIT				
TITLE	<u> </u>		DELETE	6.1 TIT		- 40	Change Addition	
NAME			_	6.2 NA				
STREET AL	DORESS					ADDRESS	ESS	
CITY-ST-				64 CIT				
14. I 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 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 attachment with an address.								