SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

*PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 02 1996 8:00 am Secretary of State

1996 **DOCUMENT #**1. Corporation Name

P95000081439 (8)

Surie. Apt if etc. 22	TOTA	L MICRO COMPUTERS IN	C.					 1990 1800 6644 6:		e f 18 8 11 8 101	88 494 8 4 6 81 1 83 1	
### 1 383	Principal Pia	ice of Business	Mailing Addre	ess								
2. Principal Place of Business 2. Mailing Address 2. Exp. 2. Mailing Address 3. Sure April is ct. 2. Sure April is ct. 3. Sure April is considered in considered in ct. 3. Sure April is ct. 3. Sure A												
2. Malinop Address 2. Malinop Malinop 2. Malinop Address 2. Malinop Address 2. Malinop Address 2. Malinop Address 2. Malinop Malinop 2. Malinop Malinop Malinop 2. Malinop Malinop Malinop Malinop Malinop 2. Malinop Malino								d or Qualified	3a. Da	ite of Las	t Report	
Suite, April in etc. Suite, April in etc.			-	Idress				2.06/			Applied For	
City & State 23				· · · · · · · · · · · · · · · · ·			137-3	3446	32		Not Applicat	ole
Section Comparing Financing Section Added to Ad		s Borngt AU	K, 27				5. Certificate of Status Desired \$8.75 Addition Fee Required					
Zip 36/5 Zi Country Zip Country 8. B. This corporation has lability for inlang bite lax unders of Post In the State of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAZ, ANTHONY 10326 SPRING ROSA DR. TAMPA F. 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named comparation submits this statement for the purpose of changing not office or registered Agent. I am familiar with, and accept the obligations of Section 607 0509, Florida Statutes SIGNATURE Signature have or prints noted they recolapsis whether agent as the Signature Agent A			<u></u>	e				•		\$5.0	00 May Be	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent DAZ_ANTHONY 10326 SPRING ROSA DR. TAMPA FL 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0509 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing using agent. I am familiar with, and accept the obligations of Sections 807 0509 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing using agent. I am familiar with, and accept the obligations of Sections 807 0509. Florida Statutes, the above named corporation submits this statement for the purpose of changing using agent. I am familiar with, and accept the obligations of Sections 807 0509. Florida Statutes, the above named corporation's board of directors. Therethy accept the appointment as rec. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS 14. Intil 15. I	Zin	Country									ed to Fees	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing text agent, and accept the obligations of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing text agent, and familiar with, and accept the obligations of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing text agent. Tam familiar with, and accept the obligations of Sections 607 0502. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing text agent. Tam familiar with, and accept the obligations of Sections 607 0502. Floridal Statutes by the corporation's board of directors. Theretry accept the appointment as result in familiar and accept the obligations of Sections 607 0505. Floridal Statutes by the corporation's board of directors. Theretry accept the appointment as result in familiar and accept the obligations of Sections 607 0505. Floridal Statutes are supported in the purpose of th	24 336		29	30	—ı ´							
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 text agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Therefore agent the approximent at registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Therefore agent than approximent at registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Therefore agent than approximent at registered agent, or both, in the State of Florida. Statutes. 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 1. TITLE		9. Name and Address of Curre	ent Registered Agent		1	,		ss of New Rec				_
TAMPA FL 83 84 City FL 85 ZipC 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 part of technique with an internal with, and accept the obligations of Section 607.0505. Florida Statutes SIGNATURE SIGNATURE Signature types or prints intro comprised agreed with 607.0505. Florida Statutes 12. OFFICERS AND DIRECTORS THE Anthorny City Z 12. OFFICERS AND DIRECTORS THE Anthorny City Z 12. Intel DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE Anthorny City Z 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change C Change C Change C Change C Change C THE DELETE THE CERRY DO TO GUILLS STREET ADDRESS CITY-SI-ZP THE DELETE DELETE 31. DILE Change C					81	Name						
B3 City FL B5 Zip C					62	Street Addre	ess (P.O. Box Number is	Not Acceptable	e)			_
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 of agent 1 am familiar with, and accept the obligations of Section 607 0505, Florida Statutes SIGNATURE	17	MMCA FL			83							
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 of agent 1 am familiar with, and accept the obligations of Section 607 0505, Florida Statutes SIGNATURE					0.4	0.				· · · · ·		
SIGNATURE 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME SIRRET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-	44 0				Ιi	,			FL		p Cade	
SIGNATURE 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME SIRRET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-	office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Flor e of Florida. Such cha	rida Statutes, the at nge was authorized	ove i bv	named corpo	ration submits this stater	nent for the pur	rpose of c	hanging	its registered	
Signature trace or period agent are to expressed agent a		am ramiliar with, and accept the obliq	gations of, Section 60	7.0505, Florida Stati	utes	, , , , , , , , , , , , , , , , , , ,		cropy accept t	не аррон	iune it as	registered	
12. OFFICERS AND DIRECTORS ITILE NAME	SIGNATURE	Signature, typed or printed name of registered ag	jent and title if applicable	(NOTE Broustere	d Age	of signature require	d when to not should					
NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE Change Chan		OFFICERS AN	ND DIRECTORS			3,3,3,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		ES TO OFFICE		DIRECTO	DRS IN 12	
STREET ADDRESS CITY-SI-ZIP TITLE VICTU FRADENT DELETE TITLE NAME CARPIN DO JOQUICS STREET ADDRESS CITY-SI-ZIP TOTAL NAME NAME STREET ADDRESS CITY-SI-ZIP TOTAL DELETE DELETE 41 TITLE AMME 4 2 NAME STREET ADDRESS CITY-SI-ZIP TOTAL STREET ADDRESS CITY-SI-ZIP TOTAL DELETE ATTITLE AMME STREET ADDRESS CITY-SI-ZIP TOTAL STREET ADDRESS CITY-SI-ZIP TOTAL STREET ADDRESS STREET AD		PRISIDENT		DELETE 1.1 TI	TLE)ŋ
14 CITY-S1-ZIP		Anthony DiAZ		: 1.2 N	AME				_			
TITLE		1050 SPRUIS KIS	A De.	1351	HEEI	ADDRESS						
NAME		HAMPH, I		C. C. C.		I - ZIP	····					
STREET ADDRESS CITY - ST- ZIP				1					L	J Change	e L Additio	jΓ
CITY-ST-ZIP	STREET ADDRESS		uics			ADDOLCC						
DELETE STRIET ADDRESS STREET ADDRE	CITY-ST-ZIP	19400 1 3361	· ·									
NAME	TITLE		,			11-ZIF			——- _T	T Chance	Add tic	
STREET ADDRESS STRE	NAME			3 2 NA	ME					j Change		11
DELETE	STREET ADDRESS			3381	REELA	ADDRESS						
NAME				34 CI	TY-S	T-ZIP						
A 2 raae A 2 raae A 3 street Address A 4 3 street Address A 4 City - St - ZiP A 4 City - St - ZiP Title Change				DELETE 41 TH	LE					Change	Addition	a .
CITY-ST-ZIP				4 2 N/	ME	-			-			
DELETE				4.3 ST	REET A	ADDRESS						j
NAME 5 2 NAME 51REEI AODRESS 53 STREEI AODRESS CHY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 61 TITLE Change					Y-ST	- ZIP						
STREET ADDRESS			ا ل_	ELETE 51 TIT	LΕ					Change	Addition	n
	ĺ											
TITLE DELETE 61 TITLE Change				1		i						
Change Change				C. C. C.		- ZiP				,	··· ·······	_
	NAME		L ^L						L.	Change	Addition	1
STREET ANDRECC												
0.3 SIRCEL MUMESS	1											
6.4 CITY-ST-ZIP 1. I do horeby 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 Statufurther certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same local of	14. I do hereb	by certify that the information supplied	d with this filing is volu	intarily furnished as			for the exemption of the	Lin Coat and 44	0.000	Fire 1 2		_

or the recent of mostee empowered to execute this report as required by Chapter 617, Florida Statutes, and attachment with an address. that my name appears in Block 12

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR