

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # **P95000085466 (7)**

1. Corporation Name  
**COMPUTER WELLNESS, INC.**



Principal Place of Business  
**14220 SUMMERSVILLE PLACE  
DAVIE FL 33325**

Mailing Address  
**14220 SUMMERSVILLE PLACE  
DAVIE FL 33325-6518**

3. Date Incorporated or Qualified <b>11/01/1995</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>65-0625296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>MCCARTHY, WILLIAM B 14220 SUMMERSVILLE PLACE DAVIE FL 33325</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTS</b>	1.1 TITLE	<b>P</b>
NAME	<b>MCCARTHY, WILLIAM B</b>	1.2 NAME	
STREET ADDRESS	<b>14220 SUMMERSVILLE PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33325</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>KNIFFEN, ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 14220 SUMMERSVILLE PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL 33325</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<b>T/S/C</b>
NAME		3.2 NAME	<b>JOHN S. MCCARTHY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2796 FALLING TREE CIRCLE</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>ORLANDO, FL 32837</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: **William B. McCarthy** 4/9/97 904-572-5131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)