

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000086290 (0)**

1. Corporation Name

ON-LINE COMPUTER RESOURCE CENTER, INC.



Principal Place of Business

**10786 CHARLESTON PLACE
COOPER CITY FL 33026**

Mailing Address

**10786 CHARLESTON PLACE
COOPER CITY FL 33026**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SOLOMON, JOEL
10786 CHARLESTON PLACE
COOPER CITY FL 33026**

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

4. FEE Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SOLOMON, JOEL
10786 CHARLESTON PLACE
COOPER CITY FL 33026**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
NEUSCHATZ, NEIL
12084 SW 15TH STREET
PEMBROKE PINES FL 33025**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
NEUSCHATZ, NEIL
12084 SW 15TH STREET
PEMBROKE PINES FL 33025**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
NEUSCHATZ, NEIL
12084 SW 15TH STREET
PEMBROKE PINES FL 33025**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
NEUSCHATZ, NEIL
12084 SW 15TH STREET
PEMBROKE PINES FL 33025**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
NEUSCHATZ, NEIL
12084 SW 15TH STREET
PEMBROKE PINES FL 33025**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Solomon, President

3/37/96

3054316432

DATE

DATE OF FILING

CR2E034 (12/95)