FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 1:07

DOCUMENT # **P95000097647 (8)**

1. Corporation Name

AMAZING WORLD OF COMPUTERS, INC.

Principal Place of Business	Mailing Address
3400 FOXCROFT ROAD #306 MIRAMAR FL 33025	3400 FOXCROFT ROAD #306 MIRAMAR FL 33025

3. Date Incorporated or Qualified: **12/21/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3400 FOXCROFT RD	26 3400 FOXCROFT RD
Suite, Apt. #, etc. 22 #306	Suite, Apt. #, etc. 27 #306
City & State 23 MIRAMAR, FL.	City & State 28 MIRAMAR, FL.
Zip / Country 24 33025 / 25 USA	Zip / Country 29 33025 / 30 USA

4. FEI Number: 65-0626615 ☐ 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

9. Name and Address of Current Registered Agent

WONG, GILLIAN A
3400 FOXCROFT ROAD #306
MIRAMAR FL 33025

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 607.0502 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: Gillian Wong VP (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required before transmitting) DATE: 5-5-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FELICIANO, KENNETH		12 NAME	
STREET ADDRESS	3400 FOXCROFT ROAD #306		13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WONG, GILLIAN A		22 NAME	200001825712
STREET ADDRESS	3400 FOXCROFT ROAD #306		23 STREET ADDRESS	-05/16/96--01139--021
CITY-ST-ZIP	MIRAMAR FL 33025		24 CITY-ST-ZIP	****233.75 ****233.75
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ 5-5-96 954-438-5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #