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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

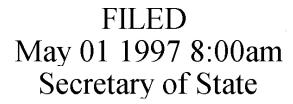
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AMAZING WORLD OF COMPUTERS, INC.

Principal Place of Business

Mailing Address

9400 FOXCROFT ROAD #306 MIRAMAR FL 33025 3400 FOXCROFT ROAD #306 MIRAMAR FL 33025-4125





					•			
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
न 298	5 W. COMMERCIAL	26 2985 W.Co	>mm	ERUBL	65-0626615		No	t Applicable
Suite, Apt 22 &こい	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional adulted
City & State	-NUDERDALE FL.	City & State 28 FT. L PUDER	השת	r Fi	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country 25 USA	Zip 29 33309 8	Countr	S A	8. This corporation has liability for Florida Statutes	intangible tax Yes N	under s. lo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Age	nt	
4OW	ng, gillian a		8	1 Name				
3400 FOXCROFT ROAD #306 MIRAMAR FL 33025				2 Street Addr	ress (P.O. Box Number is Not Acceptable)			
				or other Address (1.0. Box Number is Not Acceptable)				
			8:	3				
			8	4 City		FL	5 Zip (Code
agent La SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of arrifamiliar with, and accept the obligation of the state of sections of the state of sections of the state of sections of the state of the stat			es.		DATE		
12.	OFFICERS AND		13.	gent signature require	ADDITIONS/CHANGES TO OFFIC		OECTOB	C IN 10
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	MIRAMAR FL 33025							
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NAME Proces Lubraca	3400 FOXCROFT ROAD #306		2.2 NAME	` }	.•			
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NAME			3.2 NAME	· .				
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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

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 24 1997 94 486-1006