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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000000863 (6)

1. Corporation Name  
CEE'S COMPUTER CONCEPTS, INC.



Principal Place of Business: 1524 JACKSON ST. FT. MYERS FL 33901  
Mailing Address: 1524 JACKSON ST. FT. MYERS FL 33901-2911

3. Date Incorporated or Qualified: 01/04/1996  
3a. Date of Last Report: -

2. Principal Place of Business: 1620 Medical Lane  
2a. Mailing Address: 1620 Medical Lane

4. FEI Number: 68-0370309  
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 148  
27. Suite, Apt. #, etc.: 148

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: Fort Myers, FL  
28. City & State: Fort Myers, FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33907 Country: USA  
29. Zip: 33907 Country: USA

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

9. Name and Address of Current Registered Agent  
CREMIA, LAWRENCE A  
1524 JACKSON ST.  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 1620 Medical Lane  
83 Suite 148  
84 City: Fort Myers FL 85 Zip Code: 33907

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Lawrence A. Cremia
1.3 STREET ADDRESS	2875 Winkler Ave #507
1.4 CITY - ST - ZIP	Fort Myers, FL 33916
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V Bonnie Cremia
2.3 STREET ADDRESS	7165 E. 17th Ct #30
2.4 CITY - ST - ZIP	Cape Coral, FL 33990
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V Leonard Cremia
3.3 STREET ADDRESS	7165 E. 17th Ct #30
3.4 CITY - ST - ZIP	Cape Coral, FL 33990
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_ DATE: 4/20/97 DAYTIME PHONE: 941-936-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)