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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000014460 (5)

1. Corporation Name

THE COMPUTERSMITH, INC.

Principal Place of Business

2607 SOUTH WOODLAND AVENUE, UNIT 300  
DELAND FL 32720

Mailing Address

818 EAST WISCONSIN AVENUE  
DELAND FL 32724-4557



2. Principal Place of Business

21 1251 FARRELL DRIVE SE  
Suite, Apt. #, etc.

22 SUITE A

23 DELEON SPRINGS FL  
City & State

24 32130  
Zip

25 US  
Country

2a. Mailing Address

26 1251 FARRELL DRIVE  
Suite, Apt. #, etc.

27 SUITE A

28 DELEON SPRINGS FL  
City & State

29 32130  
Zip

30 US  
Country

3. Date Incorporated or Qualified  
02/15/1996

3a. Date of Last Report  
N/A

4. FEI Number

59-3360927

Applied For  
Not Applicable

6. 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
NATHAN A. BRAND

82 Street Address (P.O. Box Number is Not Acceptable)  
1255 FARRELL DRIVE

83

84 City  
DELEON SPRINGS

FL

85 Zip Code  
32130

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, CHARLES E JR.  
STREET ADDRESS 2607 SOUTH WOODLAND AVENUE, UNIT 300  
CITY-ST-ZIP DELAND FL 32720

TITLE VD  
NAME SMITH, EDITH A  
STREET ADDRESS 2607 SOUTH WOODLAND AVENUE, UNIT 300  
CITY-ST-ZIP DELAND FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1255 FARRELL DRIVE  
1.4 CITY-ST-ZIP DELEON SPRINGS FL 32130

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1255 FARRELL DRIVE  
2.4 CITY-ST-ZIP DELEON SPRINGS FL 32130

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-985-0360

CR2E034 (9/96)