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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016428 (0)

A TO Z COMPUTER EXPRESS, INC.

FILED Feb 26 1997 8:00am Secretary of State

Principal Plac 1871 SW 31 AV PEMBROKE PIN	⁄E	Mailing Address 1871 SW 31 AVE PEMBROKE PINES FL 33008	-2021		
				3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last Report
2. Principal P	NE 124 Street	26. Mailing Address	1842+	4. FEI Number 45 - 0634490	Applied For Not Applicable
22 H	#, etc } つら	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	em	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3	3132 25 Country 9. Name and Address of Current		Couplry adle	This corporation has liability for in Florida Statutes 10. Name and Address of New Rev.	Yes ☐ No
GOL	AN, ZEEV	negistered Agent	81 Name	10. Name and Address of New 14e	Jistered Agent
1871 SW 31 AVE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33009				UE 1851 7	H 770
			84 City /	O.Mu.	FL 85 Zu 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 of 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	Equation Typest or point is non-eight registered agen	Alicare	Registered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
THEF	D	DELETE	11 TITLE PC	W-	Change Addition
NAME	GOLAN, ZEEV		12 NAME	ee v Goldo	
STREET ADDRESS	1871 SW 31 AVE		13 STREET ADDRESS 6	485 DE 2616 PL	
07*Y - \$1 - 769	PEMBROKE PINES FL 33009		1.4 City-St-ZiP	North Manu Ber	1 33160 J
THILE		DELETE	21 TITLE		Change Addition
NAM!			2.2 NAME		4.
STREET ADDRESS			2 3 STREET ADDRESS		
City-SI-7P		- December	2 4 CITY - ST - ZIP	718-111 A	
TILE		DELETE	31 TITLE		Change Addition
NAMI			3.2 NAME		
STREET ADDRESS		,	3.3 STREET ADDRESS		
CITY - S1 - ZiF		D British	3 4. CITY - ST - ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

14. If 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 suppliemental 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

5.1 TITL€

5.2 NAME

6.1 TOLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS

STEFFT ADDRESS

City-St 20

Offy-ST 20

THLE

TILLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1 7

7 305-5778883

Change

☐ Change

Addition

Addition