

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

FILED

May 15 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 # P96000017557 (5)

1. Corporation Name

FLORIDA COMPUTER TECHNOLOGY, INC.

S CORP.

Principal Place of Business

Mailing Address

820 NORTHSIDE DRIVE
MOUNT DORA FL 32757

820 NORTHSIDE DRIVE
MOUNT DORA FL 32757-0009

750 SANCTUARY COVE DR
NORTH PALM BEACH, FL 33408

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

04/26/97

4. FEL Number

59-3366152

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

2. Principal Place of Business

2a. Mailing Address

21 750 SANCTUARY COVE DR

26 AS 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 AS 21

27 AS 21

City & State

City & State

23 NO. PALM BCH FL

28 AS 23

Zip

Country

Zip

Country

24 33408

25 Palm Bch

29 AS 24

30 AS 25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, PHILIP R

820 NORTHSIDE DRIVE

MOUNT DORA FL 32757

750 SANCTUARY COVE DR
NORTH PALM BEACH, FL 33408

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 PHILIP R. ELLIS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	ON FILE			<input type="checkbox"/>
	PRESIDENT			<input type="checkbox"/>
	PHILIP R ELLIS	750 SANCTUARY COVE DR.	NORTH PALM BCH FL 33408	<input type="checkbox"/>
	VICE PRESIDENT			<input type="checkbox"/>
	MICHAEL M. ELLIS	750 SANCTUARY COVE DR	NO. PALM BCH FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Philip R. Ellis DATE: 4/26/97 561-691-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)