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

DOCUMENT # P96000025682 (1)

COMPLETER DIRECT, INC.

Principal Place	e of Business	Mailing Address			
397 N BABCOCK ST 397 N BABCOCK MELBOURNE FL 32835 MELBOURNE FL					
				03/22/1996	. Date of Last Report
— ·	lace of Business	2a. Mailing Address		4. FEI Number 59 - 3373557	Applied For
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	С	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25		30	Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent	041 11	10. Name and Address of New Registe	red Agent
	INSON, WILLIAM A		81 Name		
	7 N WICKHAM RD, SUITE 400F BOURNE FL 32940		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MEU	DOUNNE PL 32940		83		770
			84 City		85 Zip Code
			i l		FL -
office or r agent. Fa	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was at	ithorized by the corpor	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registered at		Registered Agent signature red	·	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	PD Tenorio, Alejandro	☐ DELETE	1.5 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	397 N BABCOCK ST		1.3 STREET ADDRESS		
City - St - ZiP	MELBOURNE FL 32935		1.4 City-St-ZiP		
TITLE	STD	DELETE	2.1 TITLE	7.700	Change Addition
NAM:	PAK, EUNBEE		2.2 NAME		
STREET ADDRESS	397 N BABCOCK ST MELBOURNE FL 32935		2.3 STREET ADDRESS		
COY-ST-ZIP TITLE	MELDOURNE FL 32833	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		- Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TIT; F		☐ DELETE	4.1 TITLE		Change Addition
NAMI			4. 2 NAME		
STREET ACORESS OITY ST-7@			4.3 STREET ADDRESS 4.4 CITY+SY-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIFLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
OffY-S1-ZiP	by certify that the information supplier	ed with this filing does not qualify	for the exemption sta	ted in Section 119 07(3)(i) Florida Statutes 1 fo	orther certify that the
informatic Lam an o appears	on indicated on this annual report officer or director of the corporation in Block 12 or Glock 13 if changed.	supplemental annual report is truer the receiver or trustee empower or on an attachment with an additional true and the content of the conten	ue and accurate and the pred to execute this repress.	ted in Section 119.07(3)(i), Florida Statutes. I fu hat my signature shall have the same legal effe port as required by Chapter 607, Florida Statute	ct as if made under oath; that es; and that my name

SIGNATURE:

Daytime Phone #

FILED

May 02 1997 8:00am

Secretary of State

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