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

FILED Jun 03 1997 8:00am Secretary of State

DOCUMENT # P9600029347 (7) 1. Corporation Name DOMEX COMPUTER SERVICES, INC. Principal Place of Business 2300 PALM BEACH LAKES BOULEVARD SUITE 102 WEST PALM BEACH FL 33409 Mailing Address POST OFFICE BOX 16538 WEST PALM BEACH FL 33416-6538							
					3. Date Incorporated or Qualified	3a. Date of Last Re	port
	lace of Business	2a, Mailing Address			03/28/1996 4. FEI Number	Api	plied For
21 26 Suite, Apt. #, etc. Suite, Apt. #.		Suite, Apt. #, etc.			65-0647159		t Applicable
22 27		·)	dulle, Apt. #, ele.		5. Certificate of Status Desired	\$8.75 A	
City & Stat	θ	City & State	— -		Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zιρ	Country	Zip	Country	/	8. This corporation has liability for int	tangible tax under s.	
24	9. Name and Address of Curre	29 ent Registered Agent	[30]		Florida Statutes 10. Name and Address of New Regi		
SUTHERLAND, BRUCE M				Name	10.	otorou Agont	
2300 PALM BEACH LAKES BOULEVARD SUITE 102			82	Street Add	ress (P.O. Box Number is Not Acceptable	3	
			L			, 	
WE	ST PALM BEACH FL 33409		63				
			84	City		FL 85 Zip C	ode
SIGNATURE	Signalura, typed or printed name of registered a				coration submits this statement for the pur tion's board of directors. I hereby accept and when relistating). ADDITIONS/CHANGES TO OFFICE	DATE	
TITLE	SUTHERLAND, BRUCE M		1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME				
STREET ADDRESS 2300 PALM BEACH LAKES BLY WEST PALM BEACH FL 33409			1.3 STREET	ĭ			
CITY-ST-ZIP TITLE	D DECEMBERATION	DELETE	2.1 THE	51 - ZIP		Change	Addition
NAME	MEAT DALM DEACH EL AGAGO		2 2 NAME				-
STREET ADDRESS			2 3 STHFET ADDRESS				
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 33409		2. 4 CHY - ST - ZIP 3.1 TITLE			Change	Addition
NAME	Junio Junio		3.2 NAME			Onlings	L. HOURION
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	S1-ZIP			FT 7755
TITLE	☐ DELETE		4.1 TITLE 4. 2 NAME			Change	Addition
NAME STREET ADDRESS				ADORESS			
CITY-SI-ZIP			4.4 City - 5				
TITLE	DELETE		5 1 TITLE			Change	Addition
NAME			5.2 NAME	4000405			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET 5.4 CITY - S				
TITLE	DELETE		G.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP		\	6.4 CITY - S	ST - ZIP			

14. I do hereby certify that the information supplied with his filing does not quality 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 of the ceeiver 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 of the property of the ceeiver 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 of the property of the ceeiver of the ceeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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