

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058164 (0)

1. Corporation Name

COMPUTERS BY STAR TECHNOLOGY, INC.

Principal Place of Business

455 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205

Mailing Address

455 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205

FILED
Sep 12 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/11/1996

4. FEI Number

Applied For

59-3379359

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4655 Lenox Avenue

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32205

Country

25 USA

2a. Mailing Address

26 4655 Lenox Avenue

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32205

Country

30 USA

9. Name and Address of Current Registered Agent

JENNINGS, ANGELA
455 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

Jennings, Bryant

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

4655 Lenox Ave.

83

84 City

Jacksonville

FL

85 Zip Code

32205

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

Bryant D Jennings

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 ☐ DELETE

D JENNINGS, BRYANT
455 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205

TITLE ☐ DELETE

D JENNINGS, ANGELA
455 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

Jennings, Bryant

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Bryant D Jennings

CR2E034 (4/97)