05-07-1999 90084 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058164

1. Corporation Name

COMPUTERS BY STAR TECHNOLOGY, INC.

Principal Place of Business Mailing Address						1 18811881 118 1811 8411 8411 8411		.,,,,,		
			DX AVE VILLE FL 32205 .				0.004.05			
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						07/11/1996			Ì	
3 Principal C	lines of Rusiness	2a. Mailing Address				4. FEI Number	$\overline{}$	Ann	lied For	
						59-3379359			Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.	_				\$8.		Iditional	
22	,, 5.6.	27				5. Certifcate of Status Desired	•	e Req	I	
City & Stat	te	City & State	_			6. Election Campaign Financing	\$5.	.00 M	lay Be	
23		28				Trust Fund Contribution	Add	ded to	Fees	
Zip	Country	Zip	Cour	try		8. This corporation owes the current year Ir		_	_	
24	25	29	30			Personal Property Tax.	☐ Yes	<u>L</u>	□No	
	9. Name and Address of Curre	ent Registered Agent		1	r	10. Name and Address of New Registered	Agent			
ICAI	MINICO POVANT			81	Name					
JENNINGS, BRYANT 4655 LENOX AVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32205				83						
UNO	NOONWELL I'L OLLOO			03						
			ſ	84	City	FI	85	Zip Co	ode	
44 5	1. N	00 and 607 1509 Florida Sta	tutos the ab	0.70	named corns	pration submits this statement for the purpose of	_	o its of	egistered	
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized	by '	the corporation	n's board of directors. I hereby accept the appo	intment a	ıs regi	stered	
SIGNATURE									{	
	Signature, typed or printed name of registered ag			\gen	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIDE	CTOR	S IN 12	
TITLE	OFFICERS A	ND DIRECTORS	13.	F		ADDITIONS/CHANGES TO OFFICERS A	☐ Cha		Addition	
	JENNINGS, BRYANT	_ DELETE	1.2 NA						_	
NAME STREET ADORSOS	ACCE LENION ALIE				T ADDRESS					
STREET ADDRESS	JACKSONVILLE FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					į	
CITY-ST-ZIP TITLE	/P DELETE			2.1 TITLE			Cha	nge	☐ Addition	
NAME	JENNINGS, ANGELA	—	2.2 NA							
STREET ADDRESS	4455 1 514614 1155				ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT							
TITLE	DELETE			3.1 TITLE			☐ Cha	nge	Addition	
NAME			32 NA					•		
STREET ADDRESS	1		3.3 STF	REET	TADORESS				{	
CITY-ST-ZIP			3.4. CFI							
TITLE		☐ DELETE	4.1 TIT	.E			Cha	inge	☐ Addition	
NAME			4. 2 NA	ME					ì	
STREET ADDRESS			4.3 STF	REET	TADDRESS				-	
CITY-ST-ZIP			4.4 CIT	Y- S1	T-ZIP					
TITLE		☐ DELETE	5.1 TM				☐ Cha	nge	☐ Addition	
NAME			5.2 NAI							
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			5.4 CIT		T- ZIP					
TITLE	[☐ DELETE	6.1 TIT	Ŀ	!		☐ Cha	nge	☐ Addition	

CITY-ST-ZIP 14. I 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 one an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS