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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060838 (5)

## RE-COMPUTE COMPUTER WAREHOUSE, INCORPORATED

3907 PENROD LANE SUITE 701 3907 PENROD LANE SUITE 701 VALRICO FL 33594-6325 VALRICO FL 33594 3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAIMONDO, MICHAEL 3907 PENROD LANE SUITE 701 Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 83 Zip Code 84 City 85 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. Stgrature, typod or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 96/6) DELETE Change Addition 1.1 TITLE THE RAIMONDO, MICHAEL NAME 1.2 NAME 3907 PENROD LANE SUITE 701 STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE NAME 22 NAME

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14. I do hereby certify that the information supplied with this filling 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 pointed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY - 51 - 21P

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SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

April 1, 1997 661

FILED

May 09 1997 8:00am

Secretary of State

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