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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000067380 (1)

1. Corporation Name  
WWW.COMPUTER OPERATIONS INC



Principal Place of Business

1947 S. KIRKMAN  
SUITE 2  
ORLANDO FL 32811

Mailing Address

1947 S. KIRKMAN  
SUITE 2  
ORLANDO FL 32811-2252

2. Principal Place of Business

21 6409 Westgate Dr  
Suite, Apt. #, etc.  
22 202

2a. Mailing Address

26 6409 Westgate  
Suite, Apt. #, etc.  
27 202

City & State

23 Orlando FL  
Zip 24 32835 Country 25 Orange

City & State

28 Orlando FL  
Zip 29 32835 Country 30 Orange

3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

4. FEI Number

59-3391608

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

TANTA, SONJA  
1947 S. KIRKMAN  
SUITE 2  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name CAVA, ALEX  
82 Street Address (P.O. Box Number is Not Acceptable)  
6409 Westgate Dr  
83 Suite 202  
84 City ORLANDO FL 85 Zip Code 32835

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

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 NAME STREET ADDRESS CITY-ST-ZIP  
1 CAVA, ALEX 1947 S. KIRKMAN ORLANDO FL 32811

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE LEO PRESIDENT  
12 NAME CAVA, ALEX P  
13 STREET ADDRESS 6409 Westgate Dr Suite 202  
14 CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, on an attachment with an address.

SIGNATURE

Signature: Alex Cava 4/15/97 407 700 4915

CR2E034 (9/96)