


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

FILED

May 14 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 # <u>PA6000009668</u> 1. Corporation Name <u>CHAMPION COMPUTER SALES, INC</u>			
Principal Place of Business		Mailing Address <u>3998 CONFEDERATE PT Rd</u> <u>JACKSONVILLE, FL</u> <u>32210</u>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	8/96	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	<u>65-0698636</u>	Not Applicable
24	25	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	29	<input type="checkbox"/>	
	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>GASTON DILLON</u> <u>5237 TIMUQUANA Rd</u> <u>JACKSONVILLE, FL 32210</u>		81 Name <u>TIMOTHY CHARLES</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>5529 GREAT PINE LANE SOUTH</u> 83 84 City <u>JACKSONVILLE</u> FL 85 Zip Code <u>32244</u>	
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 <u>[Signature]</u>		DATE <u>5/17/97</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>PRESIDENT, TREASURER, DIRECTOR</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <u>PTD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <u>GASTON DILLON</u>	1.2 NAME <u>TIMOTHY CHARLES</u>		
STREET ADDRESS <u>5237 TIMUQUANA Rd</u>	1.3 STREET ADDRESS <u>5529 GREAT PINE LANE SOUTH</u>		
CITY, ST, ZIP <u>JACKSONVILLE, FL 32210</u>	1.4 CITY-ST-ZIP <u>JACKSONVILLE, FL 32244</u>		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <u>VSD</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	2.2 NAME <u>ARIANNE RAY</u>		
STREET ADDRESS	2.3 STREET ADDRESS <u>5529 GREAT PINE LANE SOUTH</u>		
CITY, ST, ZIP	2.4 CITY-ST-ZIP <u>JACKSONVILLE, FL 32244</u>		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY, ST, ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY, ST, ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY, ST, ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY, ST, ZIP	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.		5/14/97 200002190982 -05/27/97--01031--007 ***165.00	
SIGNATURE: <u>[Signature]</u>		Date: <u>5/17/97</u> Daytime Phone: <u>904-772-1200</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)