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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075117 (7)

ORANGE COMPUTER DISTRIBUTORS, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T TABUTARU TIM TATIK BERUT BERUT BERUT BERUT DAVIN JOERA BURA TUBAN HARI HARI HARI HARI
7121 GRAND NATIONAL DRIVE #105 ORLANDO FL 32819		7121 GRAND NATIONAL DRIVE #105 ORLANDO FL 32819				
UNDANDO PL 32618		UNDANDO PL 32018	ONLANDO PL 32018			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 09/10/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59-3399038 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	9	City & State				B. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	L Co	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No
	9, Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registered Agent
	NOWLES, HENRY B JR			81	Name	
71	105	82 Street Add			Address (P.O. Box Number is Not Acceptable)	
O	RLANDO FL 32819					
				83		
				84	City	FL 85 Zip Code
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 lifter if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.11	TITLE		Change Addition
NAME KNOWLES, HENRY B JR			1.2 NAME			
STREET ADDRESS 1665 SACKETT CIRCLE			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			1.4 (CITY-S	T-ZIP	
TITLE	- · · · · · · · · · · · · · · · · · · ·		TITLE		☐ Change Addition	
NAME	ATHERTON, BRUCE		2.2 NAME			
STREET ADDRESS	201 W 5TH AVE		2.3 STREET AD		ADDRESS	-1 -1(
CITY-ST-ZIP			2.4	2.4 City-St-ZiP		WINDERMERE, FL 34786
TITLE	-		3.1 TITLE		☐ Change ☐ Addition	
NAME	JANOFSKY, MARK S		3.21	MAME		
STREET ADDRESS	4141 TWILIGHT TRAIL		3.3	STREET	ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 7	IITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 9	STREET	address	
CITY-ST-ZIP			CITY-S	T-ZIP		
TITLE		☐ DELETE	511	TITLE		Change Addition
NAME			521	NAME		
STREET ADDRESS			53	STREET	address	
CITY-ST-ZIP			5.41	5.4 CITY-ST-ZIP		
TITLE	DELETE 6.1		6.1	6.1 TITLE		Change Addition
NAME			6.21	MAME	Ì	
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP			6.4	CITY-S	T- 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 on an attachment with an address