05-05-1999 90083 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078461

1. Corporation Name

THE COMPUTER GUYS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address						\dashv	F IOURINAL HA LUITA DITH ADIN T	OLI OREN BONE N		##### 11E1 10E1
3131 SW COLLEGE RD. 3131 SW COLLEGE RD.										
#403 #403										
OCALA FL 34474 OCALA FL 34474							DO NOT WRITE IN THIS SPACE			
							te Incorporated or Qualifed // 19/1996			
a Principal P	ace of Business	2a. Mailing Address		_			Number		Ap	plied For
21 26						I	-3434896		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	Additional
22						5. Ce	rtifcate of Status Desired		Fee Re	quired
City & State City & State				_		6. Ele	ction Campaign Financing		\$5.00	May Be
23							st Fund Contribution		Added t	o Fees
Zip Country Zip			Coun	Country			is corporation owes the cur	rent year Inta		_
24	25		30				rsonal Property Tax.		X Yes	□No
	Name and Address of Curren	t Registered Agent		_		10. Na	me and Address of New	Registered A	(gent	_
DIAS	ADDOGIO ANTHONY		1	81	Name					
D'AMBROSIO, ANTHONY			la la	82	Street Ad	dress (P.O.	Box Number is Not Accept	able)		
3101 SW 34TH AVENUE			L							
#403 00Al A El 04474			1	83						
UCA	LA FL 34474		-	84	City				85 Zip (Code
					-			<u> </u>		_
11. Pursuant	to the provisions of Sections 607.050, egistered agent, or both, in the State	-named co	rporation su	bmits this statement for the	purpose of o	changing its	registered distered			
office or n	egistered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statut	tes.	ille corpora	Idon's board	of directors. Thereby dose	pr ano appon		3
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered ager		Registered A	\gent	t signature requ	ired when reinsta		DATE		
12.		D DIRECTORS	13.			ADD	DITIONS/CHANGES TO OF	FICERS AN	D DIRECTO ☐ Change	RS IN 12
TITLE	PD ANTERIORY	☐ DELETE 1.1 TF							Containings	
NAME	D'AMBROSIO, ANTHONY		1.2 NAM							
STREET ADDRESS	10110 SW 73RD TERRACE				ADDRESS					
CITY-\$T-ZIP			_	1.4 CITY-ST-ZIP					☐ Change	Addition
TITLE	VSI	DELETE	2.1 TITLE							
NAME	HUNT BOBERT TURY	1. Dom. 116.	2 2 NAM							i
STREET ADDRESS	HUNT ROBERT TUR. 1 18787 S.W. 67TH TERRACE REMOVE			2.3 STREET ADDRESS						
ČITY-ST-ZIP	UCALA 11 34476		2.74 CIT		T-ZIP				Change	Addition
TITLE			3.1 TITL						Change	
NAME			3.2 NAN							ļ
STREET ADDRESS					TADDRESS					ł
CITY-ST-ZIP		D DELETE	3.4. CIT		T-ZIP				Change	Addition
TITLE		☐ DELETE	4.1 TITL	_					Criange	
NAME			4. 2 NAME 4.3 STREET ADDRESS							
STREET ADDRESS										
CITY-ST-ZIP			-	CITY-ST-ZIP					Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM							
NAME					ADDRESS					İ
STREET ADDRESS										
CITY+ST-ZIP		☐ DELETE	5.4 CITY 6.1 T/TL		1-ZIP				☐ Change	Addition
TITLE		["] DELETE	6.2 NAM							
SPANIC					T ADDDE CO					Į
STREET ADDRESS	1		0.3 \$ IN	CEI	TADDRESS					ì

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP