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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084204

1. Corporation Name
A PLUS COMPUTER CABLING INC.

Principal Place of Business	Mailing Address
94 CORAL LAKE LN ORAL SPRINGS FL 33065 S	P.O. BOX 770263 CORAL SPRINGS FL 33077 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 989 Coral Club Drive	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0702837	Applied For Not Applicable
City & State Coral Springs FL	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 33071	Country 25 USA	Zip 29	Country 30
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BARBOSA, JESUS
3194 CORAL LAKE LN
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Jesus Barbosa
82 Street Address (P.O. Box Number is Not Acceptable): 989 Coral Club Drive
83
84 City: Coral Springs FL 85 Zip Code: 33071

1. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE: P ME: BARBOSA, JESUS REET ADDRESS: 3194 CORAL LAKE LN Y-ST-ZIP: CORAL SPRINGS FL 33065	☐ DELETE	1.1 TITLE: President 1.2 NAME: Jesus Barbosa 1.3 STREET ADDRESS: 989 Coral Club Drive 1.4 CITY-ST-ZIP: Coral Springs FL 33071	☑ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
E IE EET ADDRESS -ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
E IE EET ADDRESS ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Jesus B 7-26-99 954-255-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #