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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000098182 (4)

EXECUTIVE COMPUTERS, INC.

Principal Place of Business Mailing Address 267 MONTEREY ST 267 MONTEREY ST NO FORT MYERS FL 33903 NO FORT MYERS FL 33903-2816 3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0711730 1280 BETMAR BLVD. 1280 BETMAR BLVD. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be NORTH FORT MYERS, FL. NORTH FORT MYERS, FL. 23 28 Trust Fund Contribution Added to Fees Zip Country Country 330903 33903 LEE LEE 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODERICK, ROBERT J 267 MONTEREY ST 82 Street Address (P.O. Box Number is Not Acceptable) NO FORT MYERS FL 33903 83 64 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE ☐ Change Addition ROBERT J, RODERICK NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS NORTHONDERE MY ETBEETL. 33903 CITY-ST-ZIP 1.4 City - ST- 7#P ☐ DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME RICHARD L. TRAVIS 1280 BETMAR BLVD. STREET ADDRESS 2.3 STREET ADDRESS 33903 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ~ Addition TITLE 3.1 TITLE NAME 3.2 NAME ELIZABETH ANN TRAVIS STREET ADDRESS 3.3 STREET ADDRESS 1280 BETMAR BLVD. CITY-ST-ZIP 3.4. CITY-ST-ZIP NORTH FORT MYERS. FL. T 3 8 and 3 L Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition

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 atlantment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Dale

**FILED** 

Apr 07 1997 8:00am

Secretary of State

Daytime Phone # 0008024