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PROFIT CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P960000981	82
1. Corporation Name	. 0000000.	

EXECUII	IVE COMPUTERS, INC.				
Principal Place	e of Business	Mailing Address		1 1901/1001 (im 16)10 6)1() Barst datte datte obten jalet tonet riner fa	01 1991
1280 BETMAR E	BLVD.	1280 BETMAR BLVD.			
NORTH FORT N	NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified	
	•			12/02/1996	Į
0.0	C Description	2n Mailing Address		4. FEI Number Applied I	For -
–	lace of Business	2a. Mailing Address		65-0711730 Not Appli	
21	#	Suite, Apt. #, etc.		58.75 Additio	
Suite, Apt. :	#, 6 10.	27		5. Certificate of Status Desired Fee Required	
City & State	8	City & State		6. Election Campaign Financing - \$5.00 May E	3e
23		28		Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax. Yes No	,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
200	EDIOM CORPOT I		81 Name		
	ERICK, ROBERT J		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
	MONTEREY ST				
NO I	FORT MYERS FL 33903		83		.
	•		84 City	FL 85 Zip Code	
	007.050	00 COT 1500 Florida Statuto	a the above parred of	progration submits this statement for the purpose of changing its regist	ered
agent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au ations of Section 607 0505. Flori	thorized by the corporated Statutes.	prporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as registered	ed
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SIGNATURE	Signature, typed or printed name of registered age		Registered Agent signature requ	uired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12 Addition
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CITY-ST-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, with all other like empowered.

6.4 CITY-ST-ZIP