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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 24, 1999 8:00 am Secretary of State 05-24-1999 90011 014 ***150.00

DOCUMENT # P97000025988 (1)

Principal Princi	CUTIVE COMPUTER SUPPLIE Jace of Business TH CONGRESS AVE. INGS FL 33461	Mailing Address	SS AVE.	
	1100 12 0001	PALM SPRINGS FL 334	161	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principa	Place of Business	D. Mais- A.		03/24/1997
21		2a. Mailing Address		4. FEI Number x 65 0743133
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		
22 City & St	ato	27		5. Certificate of Status Desired Fe
23		City & State		6. Election Campaign Financing \$5. Trust Fund Contribution Add
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year
24]	9. Name and Address of Currer	29	30	Personal Property Tax due June 30. Yes
	OSELIT, RICHARD S	it ueðisteten Yðeut	81 Nam	10. Name and Address of New Registered Agent
17	732 SOUTH CONGRESS AVE. ALM SPRINGS FL 33461		L.L	et Address (P.O. Box Number is Not Acceptable)
			84 City	FL 85 Z
anent I	am tamiliar with pode a la de the	or riorida. Such change was	authorized by the co	Progration's board of directors. I hereby accept the appointment
ageni. I a SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable (NOT	E Registered Agent signalu	ad corporation submits this statement for the purpose of changing or poration's board of directors. I hereby accept the appointment 4/28/99
SIGNATURE	X	nt and title it applicable (NOT DIRECTORS	E Registered Agent signalu	ure required when revisiating) ADDITIONS/CHANGES TO OFFICERS AND CIRCOTO
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AND	nt and little if applicable (NOT	E Registered Agent signalu	ure required when reinstating) DATE
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merical annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applications and the same shall be statuted by the same shall be same to the same to the same shall be same to the same shall be same to the same shall be same to the same to the same shall be same to the same to the same shall be same to the same shall be same to the same to the same shall be same shall be same shall be same to the same shall be same shall be

SIGNATURE: _

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #