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04-18-2000 90191 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT

[redacted] 2000

FLORIDA DEPARTMENT OF STA
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025988 (1)

1. Corporation Name
EXECUTIVE COMPUTER SUPPLIES, INC.

Principal Place of Business	Mailing Address
1732 SOUTH CONGRESS AVE. PALM SPRINGS FL 33461	1732 SOUTH CONGRESS AVE. PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/24/1997

4. FEI Number
X 65 0743133

5. Certificate of Status Desired ☐ $8.75 Fee

6. Election Campaign Financing Trust Fund Contribution ☐ $5.0 Adde

8. This corporation owes or has paid the current year f Personal Property Tax due June 30. ☒ Yes

9. Name and Address of Current Registered Agent

JOSELIT, RICHARD S
1732 SOUTH CONGRESS AVE.
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 4/15/2000

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSELIT, RICHARD S 2070 HOMEWOOD BLVD. DELRAY BEACH FL 33445	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change

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.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/15/00
Daytime Phone #