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05-21-2001 90346 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF ST
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

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

3. Date Incorporated or Qualified
03/24/1997

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
X 650743133

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.7
Fee

City & State
23

City & State
28

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

Zip 24 | Country 25 | Zip 29 | Country 30

8. This corporation owes or has paid the current year
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 _____ 4/15/2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change
NAME	JOSELIT, RICHARD S		1.2 NAME	
STREET ADDRESS	2070 HOMEWOOD BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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, added or deleted, or on an attachment with an address.

SIGNATURE: X _____ 4/15/2001