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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032329 (9)

COMPUTER DEPOT OF SOUTHWEST FLORIDA, INC.

Principal Piac	e of Business	Mailing	Mailing Address				T I INDICENT CONTROL C	I MB ING HILL HIND HI	/8 11811	# 1911 1884
3378 MONARCH STREET PT CHARLOTTE FL 33952			3376 MONARCH STREET PT CHARLOTTE FL 33952				DO NOT WRITE	IN THIS SPACE		
							3. Date Incorporated or Qualified 04/07/1997	W W W W W W W W W W W W W W W W W W W		
2. Principal P	lace of Business	2a, Mail	ng Address		-		4. FEI Number		TApi	plied For
21		26	•				65-0751587			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				, "	□ \$8.7	4	Additional
22		27	27				5. Certificate of Status Desired	1 1 7 - 1	_	quired
City & Stat	е	City	City & State				8. Election Campaign Financing	\$5.	00	May Be
23		28					Trust Fund Contribution			o Fees
Zip			Zip Cou		ry		8. This corporation owes or has paid	d the current yea	r Inte	angible
24	25	29		30			Personal Property Tax due June 3			No
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Reg	istered Agent		
SH	iautis, ken m jr			81	1	Name				
3376 MONARCH STREET				82	2	Street Addres	ress (P.O. Box Number is Not Acceptable)			
PT	CHARLOTTE FL 33952					~				
l				8:	3					
				84	4	City		- 85	Zip C	ode
1					╝.			<u> </u>		
11, Pursuant	to the provisions of Sections 607.0:	502 and 607.15 te of Florida, Si	08, Florida Statute Ich change was a	es, the abor	ا-9v t دد	named corpo	ration submits this statement for the pu on's board of directors. I hereby accept	urpose of changii I the appointmen	ng its t as r	registered
agent I a	im familiar with, and accept the obl	igations of, Sec	ion 607 05 0 5, Flo	rida Statute	es.	no corporatio	and board or birotions. This oby docupt	the appointment	(2.0 (ogistorea.
SIGNATURE								•		
	Signature, typed or printed name of registered a				gent	signature required	1 when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFICE		_	S IN 12 Addition
TITLE	_			1.1 TITLE		RESIDENT	Ç≰ Char	ıye	L_J Adoltion	
NAME	SHAULIS, KEN M JR			1.2 NAME						
STREET ADDRESS	3376 MONARCH STREET			1.3 STREE						
CITY-ST-ZIP	PT CHARLOTTE FL 33952		DELETE	1.4 CITY-				Choo		NO Addition
TITLE	410		T DECEIE	2.1 TITLE		,	Sec./Thes.	Char	ge	Addition
NAME	BERNA M. SHANUS			2.2 NAME			4 2			
STREET ADDRESS				23 STREE				;		
CITY-ST-ZIP	Pt. CHAMININ Fc. 3395	٤	DOLLETO	2 4 CITY		-ZIP				Addition
TITLE			☐ DELET E	3.1 TITLE				L Char	ge	L_ Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE						
CITY-S1-ZIP			DELETE	3.4. CITY-		ZIP		Obac		Addition
TITLE			☐ DECEIR	4.5 TITLE		į		Char	ge.	L. Addition
NAME				4. 2 NAM		İ				
STREET ADDRESS				4.3 STREE						
CITY-ST-ZIP			DOLLER.	4.4 CITY -		ZIP			^_	<u> </u>
TITLE			DELETE	5.1 TITLE				L_1 Char	W.	→ Addition
NAME				5.2 NAME		-		7		<u>′</u>
STREET ADDRESS				5.3 STREE		1	•		<i>3</i> ·.	50
CITY-ST-ZIP			T AFLERS	5 4 CITY-		ZŧP				
TITLE			DELETE	6.1 TITLE				∟_ Char	ge	☐ Addition
NAME				6.2 NAME		Ì		_		Addition
STREET ADDRESS				6.3 STREE	T AC	DORESS		\mathcal{O}_{α}	\sim '	シカス

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, or on an attachment withy an address.

2/261

(94) (20 200

FILED

Mar 30 1998 8:00am

Secretary of State