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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

23

24

Zip

DOCUMENT # P97000032329

Country

9. Name and Address of Current Registered Agent

COMPUTER DEPOT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 3376 MONARCH STREET -3376 MONARCH STREET PT CHARLOTTE FL 33952 PT CHARLOTTE FL 33952 2a. Mailing Address 2. Principal Place of Business 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State

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Zip

May 04, 1999 8:00 am Secretary of State

05-04-1999 90159 023 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/07/1997

65-0751582

4. FEI Number

SHAULIS, KEN M JR 3376 MONARCH STREET			82	2 Street Address (P.O. Box Number is Not Acceptable)			
			[]				
PT CHARLOTTE FL 33952				-		<u> </u>	
	,		84	City	· F	L 85 Zip C	Code
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Fk m familiar with, and accept the obligations	rida. Such change was aut	horized by	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its pointment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and t	tle if applicable (NOTE: R	enistered Agen	t signature re	equired when reinstating) DATE		
12.	OFFICERS AND DI		13.	, vignaco e	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE				Change	☐ Addition
NAME	SHAULIS, KEN M JR		1.2 NAME	ĺ			
STREET ADDRESS	3376 MONARCH STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PT CHARLOTTE FL 33952		1.4 CITY-ST				
TITLE	ST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SHAULIS, VERNA M		2.2 NAME				
STREET ADDRESS	AND MONIA DOM ATTICKT	_	2.3 STREET	ADDRESS			
CITY-ST-ZIP	DT CLUBBLATTE EL COCCO		2.4 C/TY-S	T-ZIP		•	ļ
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	}			
STREET ADDRESS	`	•	3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE 4.1				Change	Addition
NAME.			4. 2 NAME				
STREET ADDRESS	, ,		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP			
TITLE		□ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	1	•		
STREET ADDRESS	·		5.3 STREET	ADDRESS			
ÇITY-ST-ZIP			5.4 CITY+S1	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAMÉ			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S1	r-ZIP			
	actify that the information cumplied with this	s filing does not qualify for t	he exempti	on stated	Lin Section 119,07(3)(i), Florida Statutes, I further of	certify that the in	formation

Country

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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.

SIGNATURE: