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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

©CUMENT # P97000051432

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90029 015 ***158.75

	SMAS) EMPIECE COMPUTERS, INC.						
J	incipal Place of Business	Mailing Address				- T TRONIARO ISIN IRRIY HADIS ERISI DESIR ANIHI DESAR ARIND ISINS ALADA ILITA ILAH HADI	
44							
ï	DJOHNSON ST. 8820 JOHNSON ST. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024						
ij						DO NOT WRITE IN THIS SPACE	
Ė						3. Date Incorporated or Qualifed () () () () () () () () () () () () ()	
į						00/03/133/ 133/14/14/1	
ï	Principal Place of Business	2a. Mailing Address				4. FEI Number Applied For	-
I		26				65-0767865 Not Applicable	
	Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	
	27					5. Certificate of Status Desired.	22
į,	y & State City & State					6. Election Campaign Financing \$5.00 May Be	
J	inspect	28				Trust Fund Contribution Added to Fees	
ĺ	Zip Country	Country Zip		Country		8. This corporation owes the current year Intangible	
H	25		30			Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
ŗ	THE REAL PRADEOUS			81	Name		
ii ii	HEARN, BRADFORD 8820 JOHNSON ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
r							
H.	PEMBROKE PINES FL 33024			83			
ď				84	City	85 Zip Code	
¥					•	FL	
ţ	Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the a	bove	named corpo	pration submits this statement for the purpose of changing its registered	
ľ	If office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was au itions of, Section 607.0505, Flor	ida Stat	utes.	ne corporation	n's board of directors. I hereby accept the appointment as registered	
ļ	ENATURE"						
È	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent :	signature required		ć
ři H	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5
T.	P	☐ DELETE	1.1 TITLE 1.2 NAME			☐ Change ☐ Addition	3
ľ	HEARN, BRADFORD					· 美国福建设施设施。	3
	MANUFICESS 8820 JOHNSON ST			1.3 STREET ADDRESS			ì
H	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP		- ZiP		Ì
	C C C C C C C C C C C C C C C C C C C	☐ DELETE	2.1 TI	ITLE		Change Addition	`
ı			2.2 NAME				
J,	RESET ADDRESS		2.3 \$	TREET	ADDRESS		
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(4)		☐ DELETE	3.1 TI	ITLE		Change ☐ Addition	
Ņ.	AME		3.2 NAME				
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Ų'n.	NY-ST-ZIP		3.4. C	CITY-ST	-ZIP		
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Ņ,	Hari Make i :		4.21	NAME			
jir St	開設は TREET ADORESS		4.3 STREET A		ADDRESS		
ä				4 CITY-ST-ZIP			
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	IVST-ZIP	☐ DELETE		ITLE	- ZIP	☐ Charige ☐ Addition	
	N ST-ZIP	☐ DELETE	5.1 TI 5.2 N	ITLE IAME	- ZIP ADORESS	☐ Change ☐ Addition	
	N ST-ZIP	☐ DELETE	5.1 TI 5.2 N 5.3 S	ITLE IAME	ADORESS	☐ Change ☐ Addition	
	TV ST-ZIP	☐ DELETE	5.1 TI 5.2 N 5.3 S	ITLE IAME TREET /	ADORESS	☐ Change ☐ Addition ☐ Change ☐ Addition	
	IV ST-ZIP		5.1 TI 5.2 N 5.3 S 5.4 C	ITLE IAME TREET / ITY-ST-	ADORESS		
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It 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, with all other like empowered.