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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P97000062902 (6)

COMPUTER GURU, INC.

Block 12 or Block 13 if change

						481
Principal Place of Business	Mailing Address	Mailing Address				•
2424 N FEDERAL HIGHWAY. SUITE 259 BOCA RATON FL 33434	2424 N FEDERAL HIGHWAY, SUITE 259 BOCA RATON FL 33434				DO NOT WRITE IN THI <b>S S</b> PACE	
					3. Date Incorporated or Qualified	
O Bright Disease Proposes	2a, Mailing Address				07/21/1997 4. FE Number Applied I	For
2. Principal Place of Business		_			6-0782752 Not Applied	
Critic Ant # etc	Suite, Apt #, etc.	Suite Apt # ete			\$8.75 Additio	
Suite, Apt. #, etc.	m	· <del>-</del>			5. Certificate of Status Desired Fee Required	
City & State	City & State	City & State			B. Election Campaign Financing \$5.00 May E	
23	28			Trust Fund Contribution Added to Feet		
Zip Country	Zip	Count	ry		8. This corporation owes or has paid the current year Intangible	
24 25	├──┐ ' ├──┐ ' ├ <b>──</b> ┐				Personal Property Tax due June 30. Yes No	•
9. Name and Address of Currer	<del></del>	1001			10. Name and Address of New Registered Agent	
SCHNEIDER, HARVEY R		8	11	Name		
1900 CORPORATE BLVD., SUITE 301-WEST BOCA RATON FL 33431		_	_	C1	as (D.C. Day Number is Not Accomplete)	
		ļ	2	Street Addres	ss (P.O. Box Number is Not Acceptable)	
BOOM AMTOR FL 33431		8	3			
		-			-	
		8	4	City	FI 85 Zip Code	
11. Pursuant to the provisions of Sections 607.050	)2 and 607.1508, Florida Statu	tes, the abo	L	-named corpor	oration submits this statement for the purpose of changing its regis	stered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	⊱of Horida. Such change was	authorized	hv t	the corporation	on's board of directors. I hereby accept the appointment as registe	ered
_	than the taction can be be a	to los citation				
SIGNATURE Signature, typed or printed name of registered ap-	int and little if applicable (NO	If Registered A	\gonl	N s-gnature required	d when reinstating) DATE	
12. OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE PRESIDENT	☐ DELETE	11 TITU	F		L Change L A	Addition
NAME RALPH M. SOLON	201	1.2 NAM	E			
STREET ADDRESS LEOS SE MIZNER		13 STHE	FFA	ADDRESS		
			14 CITY - ST - ZIP			
TITLE VICE PROS	VICE ROS. DELETE		2 1 TITLE		☐ Change ☐ A	Addition
NAME JOHN E. BARDES		2.2 NAM	2.2 NAME			
STREET ADDRESS ATOO NIA 25 1 WAY		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP 27 10		2 4 CITY	2 4 CITY-ST-ZIP			
TITLE BOCK MATON I'L C	BOOK NATON 1 L 33434 DIGHETE		3.1 TITLE		Change /	Addition
NAME	•	3.2 NAM	E			
STREET ADDRESS		3.3 STR	E1 A	ADDRESS		
CITY-ST-ZIP		3.4 CITY	Y-ST	1-7IP		
TITLE	DELETE	4.1 TITLE			☐ Change ☐ A	Addition
NAME		4. 2 NAN	AE.			
STREET ADDRESS		4.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP		4.4 CITY	- ST-	- ZIP		l
TITLE	DELETE				Change	Addition
NAME		5.2 NAM	Æ			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		5.4 CITY				
TITLE	DELETE	6.1 T/TL			Change	Addition
NAME	<del>_</del>	6.2 NAM			•	
STREET ADDRESS		E		ADORESS		

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 suppliemental 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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