

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070367 (2)
1. Corporation Name
NATIONWIDE COMPUTERS INC.



Principal Place of Business

Mailing Address

1515 TAMiami TRAIL S
SUITE B
VENICE FL 34282-3557

1515 TAMiami TRAIL S
SUITE B
VENICE FL 34282-3557

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

65-0775416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

23. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

24. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

25. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

26. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

27. Principal Place of Business

358 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34223**

Country

34223

9. Name and Address of Current Registered Agent

RUSSELL, CASSANDRA M
7085 S TAMiami TRAIL
SUITE A
SARASOTA FL 34231

Jose Delgado

10. Name and Address of New Registered Agent

81 Name

Jose Delgado

82 Street Address (P.O. Box Number is Not Acceptable)

358 S. Indiana Ave.

83 City

Englewood

FL

85 Zip Code

34223

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose Delgado

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

TITLE ☐ DELETE

NAME **N/A**

STREET ADDRESS **N/A**

CITY-ST-ZIP **N/A**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Jose E. Delgado**

1.3 STREET ADDRESS **President**

1.4 CITY-ST-ZIP **P.O. Box 2209 N/A**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Marina Marina**

2.3 STREET ADDRESS **Vice President**

2.4 CITY-ST-ZIP **123 Broadmoor Ln.**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Notanda, FL 33947**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **\$103/5**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 applicable, or on an attachment with an address.

SIGNATURE

Jose Delgado

2/2/98

\$150

CR2E034 (10/97)