**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000073914 1. Corporation Name

DT COMPUTERS, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90045 011 \*\*\*150.00



Principal Place of Business Mailing Address					
18554 ANCHOR DRIVE BOCA RATON FL 33498 BOCA RATON FL 33498					
	•				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/25/1997
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 /8554 AN CHOR DR. 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0777353 Not Applicable
					5. Certificate of Status Desired  \$8.75 Additional
22 27					Fee Required
City & State					6. Election Campaign Financing \$5.00 May Be
23 BOCA RATON, FL Zip Country Zip Co 24 33498 25 PALP BEACH 29 30					Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Country ⊐		8. This corporation owes the current year Intangible
24 3344	8 25 PALP BEAG	4 29 30	)		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		Ma:	10. Name and Address of New Registered Agent
****	I DUONO N		81	Name	
TRAN, DUONG N				Street A	ddress (P.O. Box Number is Not Acceptable)
18554 ANCHOR DRIVE					
BOC	A RATON FL 33498		83		
			84	City	85 Zip Code
				,	FL   1 .
SIGNATURE	Standard printed name of registered agen	TRAN			corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered  30 Amcl 1999  quired when reinstating)
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	TRAN, DUONG N		1.2 NAME		
STREET ADDRESS	18554 ANCHOR DRIVE		1.3 STREET	ADDRESS	
	BOCA RATON FL 33498		1.4 CITY-S	1	
TITLE	BOCA RATON FL 33496	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
			2.2 NAME		<del>-</del>
NAME			2.3 STREE	ADDESS	
STREET ADDRESS	:		4	1	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5 3.1 TITLE	i-ur	Change Addition
			3.2 NAME		
NAME			3.3 STREE	r ADDDEEC	
STREET ADDRESS			1		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	1- ZH	☐ Change ☐ Addition
TITLE					
NAME			4.2 NAME		
STREET ADDRESS				r address	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-ZIP	☐ Change ☐ Addition
TITLE		□ ner¢i¢	5.1 TITLE 5.2 NAME		
NAME				ADDDEES	
STREET ADDRESS			5.3 STREE	1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE	- \	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	<b>A</b>

14. 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP