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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082942 (8)

COMPUTER REPAIR SPECIALISTS, INC.

Principal Place of Business

Mailing Address

118 SOUTH WESTSHORE BLVD

118 SOUTH WESTSHORE BLVD.

FILED May 11 1998 8:00am Secretary of State



4/10/00

SUITE 410 SUITE 410 DO NOT WRITE IN THIS SPACE TAMPA FL 33609 TAMPA FL 33609 3. Date Incorporated or Qualified 09/25/1997 2, Principal Place of Business 2a. Mailing Address Applied For 11845 R Uya | Suite, Apt. #, 0104 FORT LAUDER WAL *59-*3470385 Not Applicable Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired #201 Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing CORAL SPRINGS 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 33061 Yes ΠÑο 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 **ALM**ERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida of Sections 607.0502 and 607.0502 and 607.1508, Florida of Sections 607.0502 and 607.0 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, Spetion 607.0585, Pjorida Statutes. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS DELET 1.1 TITLE Mran, Louis I **IB** South Westshore Blvd. 1.3 STREET ADDRESS AMPA FL 33609 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE **Me**mran, Edna 2.2 NAME STREET ADDRESS 118 SOUTH WESTSHORE BLVD. 2.3 STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 FITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this time indicated on this annual report or supplied with this time officer or director of the corporation of the rectaint for the Block 12 or Block 13 if changed, or on an attachment with the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an active the report as required by Chapter 607, Florida Statutes; and that my name appears in

CIALISTS.

 $OR(D_{\ell})$