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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098169 (0)

COMPUTER PARTS & MORE, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			L ESDINGUI CLE ANIEL INDER ANIEL ANIEL ANIEL ANIEL ININ ININ ININ NEUT ININ
964 SW 81 AVE 964 SW 81 AVE NORTH LAUDERDALI			'L 33068		DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualified
		,			11/18/1997
	lace of Business	2a. Mailing Address	I A	UE	4. FEI Number Applied For Applied For
21 9 6			1 17	00	690- 101- 090 0 Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
	ORTH LAUD FL	City & State N. LAUD	FL		6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 72 N/A	Cou		8. This corporation owes or has paid the current year Intangible
24 330			30	USF	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current I	registered Agent		81 Name	
	MERILAWYER			Name	
343 ALMERIA AVENUE CORAL GABLES FL 33134			[82 Street	et Address (P.O. Box Number is Not Acceptable)
				83	
			Ì	84 City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the at	ove-name(ed 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 full by with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printing from the registered agent and the diagracative (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SECULTARY Addition
TITLE	PSTD	☐ DELET E	1.1 10	LE	
NAME	FARQUHARSON, DEBORAH I	M	1.2 NA	ME	Gosine, Volumie 8 964 SW 81 AVE
STREET ADDRESS	964 SW 81 AVE		1.3 ST	REET ADDRESS	5 964 SW 81 AVE
CITY-ST-ZIP	NORTH LAUDERDALE FL 330		_	Y-ST-ZIP	NUAUD FL 33068
TITLE		DELETE	2.1 7(7		PTD Addition
NAME			2.2 NA		Fangogaeson, DEBONAH M.
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP	*	DELETE		TY-ST-ZIP	NURUO FL33068
TITLE		LJ DECEN	3.1 TIT		Lindings Lindings
NAME			3.2 NA		
STREET ADDRESS				REET ADDRESS	5
CITY-ST-ZIP TITLE		DELETE	4.1 TIT	TY-ST-ZIP	☐ Change ☐ Addition
NAME		□ bitteit	4.2 N/		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT		Change Addition
NAME			5.2 NA		
STREET ADDRESS				REET ADDRESS	s
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	6.1 TH		Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS				REET ADDRESS	s
CITY-ST-ZIP				Y-ST-ZIP	
	pertify that the information supplied with	this filing does not qualify for			ated in Section 119 07(3)(i) Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 any address.