


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 OCT 16 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0108774

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102125 (6)**

1. Corporation Name

ARGUS COMPUTERS, INC.

Principal Place of Business

8020 W DRIVE #254
NO BAY VILLAGE FL 33131

Mailing Address

8020 W DRIVE #254
NO BAY VILLAGE FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0813183

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 inter-able
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

1985 OCEAN DR.

2a. Mailing Address

PO BOX 85088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3K

City & State

City & State

HALLANDALE, FL

HALLANDALE, FL

Zip **33009**

Country **US**

Zip **33008**

Country **US**

9. Name and Address of Current Registered Agent

PAPAZOV, FRANCISCA L
444 BRICKELL AVE STE 212
MIAMI FL 33131

10. Name and Address of New Registered Agent

ANDON NIKOLAYTCHEV
1985 OCEAN DR #7E
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETROVA, VIOLETA	
STREET ADDRESS	8020 W DRIVE #254	
CITY-ST-ZIP	NO BAY VILLAGE FL 33131	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NENTCHEVA, NATALIA	
STREET ADDRESS	8020 W DRIVE #254	
CITY-ST-ZIP	NO BAY VILLAGE FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

500002667225--8

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10/19/98-01114-005
******750.00 ****750.00**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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

10/10/98

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/30/98 (305)989-0512

CR2E034 (5/98)