

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000104758** ✓

1. Corporation Name

IKON COMPUTERS, INC.

Principal Place of Business

4611 SOUTH UNIVERSITY DRIVE
SUITE 173
DAVIE FL 33328

Mailing Address

4611 SOUTH UNIVERSITY DRIVE
SUITE 173
DAVIE FL 33328

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

65-0799373

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 **1511 E. COMMERCIAL RD**

(Suite) Apt. #, etc.

22 **32**

City & State

23 **FORT LAUDERDALE, FL**

Zip

24 **33334**

Country

25 **US**

2a. Mailing Address

26 **1511 E. COMMERCIAL BLVD**

(Suite) Apt. #, etc.

27 **32**

City & State

28 **FORT LAUDERDALE, FL**

Zip

29 **33334**

Country

30 **US**

9. Name and Address of Current Registered Agent

SCIAFANI, PETER P
4611 SOUTH UNIVERSITY DRIVE
SUITE 173
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

Sciafani, Peter P.

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

6920 NW 45 ST

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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

PETER P. SCIAFANI - PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**

STREET ADDRESS **SELAFANI, PETER P**

CITY-ST-ZIP **4611 S UNIVERSITY DRIVE #173**

DAVIE FL 33328

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P**

1.3 STREET ADDRESS **PETER P. SCIAFANI**

1.4 CITY-ST-ZIP **1511 E. COMMERCIAL RD**

FORT LAUDERDALE, FL 33334

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/99

Daytime Phone #

PSY-747-7255

CR2E034 (5/99)

0070554

PMB 32

1511 EAST COMMERCIAL BOULEVARD

Tel-954.747.7255 Fax-954.747.5330

Email: ikon@biz-links.com

http://www.biz-links.com/ikon

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402326-90007-49

IKON COMPUTERS, INC.

July 28, 1999

DIVISION OF CORPORATIONS

PO BOX 6327

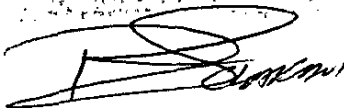
Tallahassee, Florida 32314

Dear Sir or Madam:

Due to an undetermined error in mailing, I never received the original 1999 PROFIT CORPORATION ANNUAL REPORT PACKET. Upon calling your office I was instructed to proceed in this manner.

Enclosed you will find the completed report and our check for One-Hundred-Fifty Dollars (\$150.00)

Sincerely,



Peter P. Sciafani
President