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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000042305

FLORIDA COMPUTER COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90001 036 ***150.00



LONGWOOD FL 32750					LONGWOOD FL 32750					DO NOT WOLTE IN THE	CDAGE		
									-	DO NOT WRITE IN THIS	SPACE		
									,	3. Date Incorporated or Qualified			
										05/11/1998		<u></u>	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number	<u> </u>	Applied For	
21 4825 WALDEN CIRCLE										59-35/2027		Not Applicable	
Suite, Apt. #, etc.				\vdash	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State					City & State					Election Campaign Financing	\$5	00 May Be	
23 ORLANDO FL				}—¬	28 ORLANDO FL				ľ	Trust Fund Contribution Added to Fees			
Zip	Country			-	Zip		Country			8. This corporation owes the current year	ear		
24 324	11	25	USA	29	32811	30	L	USA		Intangible Personal Property.	No		
	9. Name	and Add	iress of Curren	t Regist	tered Agent					10. Name and Address of New Registered	Agent		
							81	Name	\mathcal{P}_{\bullet}	BERT RIVERA	- "		
SLIDER, ROBERT					82 Street Addre			Street	Addres	ress (P.O. Box Number is Not Acceptable)			
161 EAST LAKE BRANTLEY DRIVE					92 Silver Addi-				48	1825 WALDEY CIRCLE			
LONG	gwood fl	L 32750					83						
							84	City			85	Zip Code	
							"	0,	RCM.	400 <u>F</u> L	_ 00	328//	
11. Pursuant	to the provis	sions of s	ections 607.050	2 and 60	7.1508, Florida Statu	tes, the	above	named o	orporat	tion submits this statement for the purpose of cl	nanging it	ls registered	
office or	registered ag am familiae-w	gent <u>orh</u>	oth, in the State	of Florid ations of	la. Such change was section 607.0505. f	author Iorida (ized by Statutes	the corpo	oration	's board of directors. I hereby accept the appo	ntment a	s registereo	
					ROBERT.	RIVE	CA.	PR	. کرم	7-9-59			
SIGNATURE	Signature, typed	or printed na	ame of registered ager	nt and title if				gent signatui	re require	ed when reinstating) DATE			
12.			OFFICERS AN	D DIREC	IRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	ID DIRE	CTORS IN 12	
TITLE	PRESIDENT				DELETE			1.1 TITLE			Char	nge Addition	
NAME	ROBERT RIVERA							1.2 NAME					
STREET ADDRESS 4825 WALDEN CIRCLE					1.3 ST			ADDRESS					
CITY-ST-ZIP	ORLANDO PL 32811							1.4 CITY-ST-ZIP					
TITLE					DELETE	2	1 TITLE				Char	nge Addition	
NAME						2	2 NAME						
STREET ADDRESS						~ 2	3 STREET	ADDRESS		·			
CITY-ST-ZIP						2	4 CITY-ST	r-ZIP					
TITLE					DELETE	3	1 TITLE				Char	nge Addition	
NAME						3	2 NAME	l				•	
STREET ADDRESS						3	3 STREET	ADDRESS					
CITY-ST-ZIP						3	4 CITY-S1	r-ZiP					
TITLE			***************************************		DELETE	4	1 TITLE				Char	age Addition	
NAME						4	2 NAME					- —	
STREET ADDRESS						4	3 STREET	ADDRESS					
CITY-ST-ZIP	}					4	4 CITY-ST	-ZIP					
TITLE					DELETE	5	1 TITLE				Char	nge Addition	
NAME					<u></u>	5	.2 NAME	İ					
STREET ADDRESS						5	3 STREET	ADDRESS					
CITY-ST-ZIP						5	4 CITY-S1	r-ZIP					
TITLE					DELETE	_	1 TITLE				Char	nge Addition	
NAME						6	2 NAME	Į				- —	
STREET ADDRESS						6	3 STREET	ADDRESS					
CITY-ST-ZIP						6	4 CITY-S1	r-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:

FLORIDA COMPUTER COMPANY INC. 4825 WALDEN CIRCLE ORLANDO FLORIDA 32811

July 12, 1999

DEAR SIR/MADAM,

CAN YOU PLEASE WAIVE THE LATE FEE ON THEPAYMENT-DUE TO THE TACT THAT I JUST RECEIVED
THE LETTER ON SATURDAY JULY 10,1999. THE FORM
WAS SENT TO AN OLD ADDRESS AND NOT RECEIVED
UNTIL NOW. ENCLOSED IS A CHECK FOR \$150 I SPOKE
TO A PERSON-IN-THE-DIVISION OF CORPORATIONS WHO
TOLD ME TO SEND A LETTER AND REASON FOR THE
LATE PAYMENT.

SINCERELY,
ROBERT RIVERA
407-352-7112