


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90097 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088755

1. Corporation Name
EXECUTIVE COMPUTER RENTALS, INC.

Principal Place of Business 2510 20TH AVE. N. ST. PETERSBURG FL 33713	Mailing Address 2510 20TH AVE. N. ST. PETERSBURG FL 33713
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent	
PADGETT, JENNIFER 2510 20TH AVE. N. ST. PETERSBURG FL 33713	81 Name 82 Street Address 83 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jennifer Padgett, president*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.
TITLE	NAME <input type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS		1.2 NAME
CITY-ST-ZIP		1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS		2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date _____

727-328-2992

Daytime Phone # _____

CR2E034 (11/98)