PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103665

1. Corporation Name

COMPUTER AND SOFTWARE WHOLESALE, INC.

Principal Place of Business

Mailing Address

11201 N.W. 27TH COURT

11201 N.W. 27TH COURT

May 05, 1999 8:00 am Secretary of State

05-05-1999 90238 029 ***158.75



FEANTATION FL 33323		PERMITTION PE 33323		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed 12/11/1998		,
2. Principal P	lace of Business 16-6798 Stirling	26 6796-6798 Sti	eling	RD	4. FEI Number 0881632	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			ر.		5. Certifcate of Status Desired	\$8.75 A	
City & State City & State City & State City & State 28 Hollywood, FL 28 Hollywood			FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 330	Country 25	zip 33024 30	Country	SA	This corporation owes the current year Personal Property Tax.		X No
<u>, </u>	9. Name and Address of Current				10. Name and Address of New Registe	red Agent	
			81	Name			
Razor, arthur n 934 n. University dr. Ste. 210				04	June (D.O. Day Niverbox in Net Apportable)		-
				Street Add	fress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071			83				
			84	City	ı	FL 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	e-named cor	poration submits this statement for the purpos	e of changing its i	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was author	onzed DV	the comprat	ion's board of directors. I hereby accept the a	ppointment as reg	jistered
SIGNATURE							
	Signature, typed or printed name of registered agent a		— <u> </u>	nt signature requir	red when reinstating) DATI	·	20 IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP	☐ DELÉTE	1.1 TITLE			Change	
NAME	KOLEGA, RANDALL R		1.2 NAME	Ì			
STREET ADDRESS	l .		1.3 STREE	TADORESS			
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CITY-S	T-ZIP		□ Change	Addition
TITLE		☐ DELETE	2.1 TITLE	}		☐ Change	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP			A 4494
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELÉTE	4.1 TITLE			Change	☐ Addition
NAME	,		4. 2 NAME				}
STREET ADDRESS			4.3 STREE	T ADORESS			}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	\			}
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attachment with an address, with all other like empowered.

SIGNATURE: