

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

[illegible]

DOCUMENT # **S24535** (4)

INTERCONNECT COMPUTERS, INC.

1950-1951

WORKING STATE

461 LENOX SQ
SUITE 101
JACKSONVILLE FL 32254
US

P.O. BOX 6335
~~ROUTE 101~~
JACKSONVILLE FL 32236-6335

3. Date of Birth: 01/09/1991	3a. Date of Birth: 05/01/1994
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4. Application	Applied For
59-3056800	Final Application

5. **Additional Fee Required**

6. For each completed form, a fee of **\$5.00** may be added to the fee. **Added to Fee.**

8. The applicant is not a member of any of the following organizations:

9. Name and Address of Current Registered Agent

SPRINGER, JOSEPH
1551 POINTER DRIVE WEST
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81. _____

82. Abstracts of the Proceedings of the National Association

83. _____

84. _____

85. of the

11. $\frac{1}{2} \int_0^1 \frac{1}{x^2} dx = \frac{1}{2} \left[-\frac{1}{x} \right]_0^1 = \frac{1}{2} \left(-\frac{1}{1} + \frac{1}{0} \right) = \frac{1}{2} \left(-1 + \infty \right) = \frac{1}{2} \left(\infty \right) = \infty$. The integral diverges.

12. ...
13. ...

D
SPRINGER, JOSEPH
1551 POINTER DR. W.
JACKSONVILLE FL

14. $\lim_{n \rightarrow \infty} \frac{1}{n} \sum_{k=1}^n \frac{1}{k} = \lim_{n \rightarrow \infty} \frac{1}{n} \left(1 + \frac{1}{2} + \frac{1}{3} + \cdots + \frac{1}{n} \right) = \lim_{n \rightarrow \infty} \frac{1}{n} \ln n = 0$

SIGNATURE:

Joseph F. Sullivan
 SECRETARY AND CHIEF OF BUREAU

Joseph P Springer

42575 (204) 389 2394

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **S25106**

(3)

HOMES BY HENDERSON, INC.

12823 S NORMANDY WAY
PALM BEACH GARDENS FL 33410

12823 S NORMANDY WAY
PALM BEACH GARDENS FL 33410

TALLAHASSEE, FLORIDA

DATE OF FILING THIS STATEMENT

3. Filing Date (Month/Day/Year)	3a. Date of Last Report
01/15/1991	08/11/1994
4. FEI Number	Applied For Not Applicable
65-0236942	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Division Certificate Expires and Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Does your business have a net capital loss under the Internal Revenue Code?	☒ Yes ☐ No

2. Filing Date (Month/Day/Year)	2a. Filing Agent
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

KRAMER, SCOTT
1155 US HWY ONE
SUITE 205
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. Zip	

11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and licensed agent for the preparation and filing of this report.

12. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and licensed agent for the preparation and filing of this report.

13. Name	14. Address
DP	
HENDERSON, FRANK D	
12823 S NORMANDY WAY	
PALM BCH GARDENS FL	
VTs	
HENDERSON, JAN J	
12823 S NORMANDY WAY	
PALM BCH GARDENS FL	

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and licensed agent for the preparation and filing of this report.

SIGNATURE: FRANK D HENDERSON 5-1 45 407 627 2132