## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S24707

1. Entity Name COMPUTEL COMPUTER SYSTEMS, INC.

Principal Place of Business **EXECUTIVE CT II, STE 215**  Mailing Address

2300 CORPORATE BLVD NW BOCA RATON, FL 33431 US EXECUTIVE CT II, STE 215 2300 CORPORATE BLVD NW BOCA RATON, FL 33431 US

## **FILED** Feb 10, 2004 08:00 AM Secretary of State



01232004

No Chg-P

CR2E034 (10/03)

4,	FEI Number					
	31-1319441					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, LOUIS S. **EXECUTIVE COURT II, SUITE 232** 2300 CORPORATE BLVD., NW BOCA RATON, FL 33431

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		<u></u>			and the second s		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							
Signatura, typed or other name of recipitered about another it applicable (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CXTY-57-ZXP	PSD BECK, LOUIS S. 5269 PRINCETON WAY BOCA RATON, FL				U00000044813 32/11/04-80036-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YEAGGY, HARRY G. 7750 IVYGATE LANE CINCINNATI, OH				SER 117 04 30000 010 130:00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFERY, RONALD J. ESS 9719 SARATOGA PARK COURT BOCA RATON, FL		DO NOT WRITE				
Title Name Street address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 comporation or the receiver or trustee unpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.							

OF SIGNING OFFICER OR DIRECTOR