FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:48

DOCUMENT # S62324 (6)

1. Corporation Name
USER FRIENDLY COMPUTERS, INC.

Principal Place of Business	Mailing Address
695 NW 38 AVE DEERFIELD BEACH FL 33442	695 NW 38 AVE DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21 1600 S. ANDREWS AVE
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 FT. LAUDERDALE FL
Zip 24 33301 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0279749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LABARBERA, CAROL A.
695 NW 38 AVENUE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

01 Name: CAROL LABARBERA
02 Street Address (P.O. Box Number is Not Acceptable): 2830 NE 30 PLACE
03 Apt 9B
04 City: FT. LAUDERDALE FL 05 Zip Code: 33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	GRIFFITH, ANN	1.2 NAME	GRIFFITH, ANN
STREET ADDRESS	695 NW 38 AVE.	1.3 STREET ADDRESS	1844 WILDWOOD TRAIL
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PT	2.1 TITLE	VS ☐ Change ☒ Addition
NAME	GRIFFITH, ANN	2.2 NAME	LABARBERA, CAROL
STREET ADDRESS	5150 NE 6 AVE #112	2.3 STREET ADDRESS	2830 NE 30 PLACE APT 9B
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUD, FL 33306
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, was voluntarily furnished and 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 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 added, in connection with an address.

SIGNATURE: _____ 1-17-95 305 527-9909
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266042 CP