

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S69219 (1)

1. Corporation Name

PALMTOP COMPUTER SALES, INC.

FILED

95 AUG -7 AM 10: 57

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

8601 SOUTHWEST 40TH STREET
SUITE 260
MIAMI FL 33155
US

Mailing Address

8601 SOUTHWEST 40TH STREET
SUITE 260
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/29/1991

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0274890

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

2. Principal Place of Business

21 **8428 SW 40 ST**

2a. Mailing Address

26 **8428 SW. 40 ST**

Suite, Apt. #, etc.

22 ***260**

Suite, Apt. #, etc.

27 **#260**

City & State

23 **Miami FL**

City & State

28 **Miami FL**

Zip

24 **33155**

Country

25 **Dade**

Zip

29 **33155**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

**SCHAPPELL, MAURIE S.
2640 SOUTHWEST 78TH COURT
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0605 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

Maurie S. Schappel
Signature (print or printed name of registered agent at this 4 applicable)

(if 10. Registered Agent signature required when installing)

DATE

8/1/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P
SCHAPPELL, MAURIE S
2640 SOUTHWEST 78TH COURT
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO THE ABOVE INFORMATION

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, 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 in an attachment with an affidavit.

SIGNATURE:

Maurie S. Schappel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/95

305-262-1386