

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S75304** (3)

1. Corporation Name

SYSTEMATIC BUSINESS COMPUTERS, INC.



Principal Place of Business

2100 W 76TH ST
SUITE 404
HIALEAH FL 33016
US

Mailing Address

14672 SW 50 TERR
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 2100 W 76 St.
Subj., Apt. #, etc.
22 Suite 404
City & State
23 Hialeah Fla.
Zip
24 33016 Country
25 US

3. Date Incorporated or Qualified
08/23/1991

3a. Date of Last Report
05/11/1995

4. FET Number
65-0279212

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. 193.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEIMAN, EDDIE S.
801 NE 171 ST
MIAMI FL 33162

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 607.0502 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 607.0502, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign for corporation

Signature of person or persons authorized to sign for corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-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 119.07(3)(x), 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

305-819-0370

CR2E034 (12/95)