SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S76379 (4)

1. Corporation Name

COMPUTWINS, INC.

Principal Place of Business	Mailing Address
12794 W FOREST HILLS BLVD 28B WELLINGTON FL 33414 US	12794 W FOREST HILLS BLVD 28B WELLINGTON FL 33414 US

3. Date Incorporated or Qualified: 08/28/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 11924 W. Forest Hill Blvd	26 11924 W Forest Hill Blvd
Suite, Apt #, etc. 22 22-203	Suite, Apt #, etc 27 Suite 22-203
City & State 23 Wellington FL	City & State 28 Wellington FL
Zip 24 33414 / Country 25 US PB City	Zip 29 33414 / Country 30 Palm Beach

4. FEI Number: 65-0282275 — ☐ 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

MONTANER, RAUL A.
9130 S DADLAND BLVD
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Harvey Llewis
82 Street Address (P.O. Box Number is Not Acceptable): 12800 Meadowbreeze dr
83
84 City: Wellington FL
85 Zip Code: 33414

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: Harvey Llewis — 7/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☑ Change ☐ Addition
NAME	LEWIS, DENISE		1.2 NAME	Lewis, Denise	
STREET ADDRESS	1734 SHORESIDE CIRCIE		1.3 STREET ADDRESS	12800 Meadowbreeze dr	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	LEWIS, DENISE		2.2 NAME	Lewis, Denise	
STREET ADDRESS	1734 SHORESIDE CIRCLE		2.3 STREET ADDRESS	12800 Meadowbreeze dr	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise Lewis — 7/27/96 — 561-798-2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)