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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary o State DIVISION OF CORPORATIONS

1996

DOCUMENT #

BUSINESS COMPUTER L.A.N., INC.

Principal Place of Business Mailing Address 3230 S TAMIAMI TRAIL 1465 MARLIN STREET SARASOTA FL 34239 NOKOMIS FL 34275 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1991 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 4333 S. TAMIAMI TRAIL 26 65-0322540 Not Applicable Suite, Apt. #, etc. Surte, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE \Box 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be SARASOTA \Box 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032 NSA 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROKNICH, NICK III Street Address (P.O. Box Number is Not Acceptable) 82 1750 RINGLING BLVD. SARASOTA FL 34236 83 84 City Zip Code 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (Kenneth J. Avedisian 12. DEFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 Title ☐ Change ☐ Addition AVEDISIAN, KENNETH J. NAME 1.2 NAME 1465 MARLIN STREET STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL CITY - ST - ZIP 1.4 CHY - \$1 - 7(P) TELE DELETE 2 TITLE ☐ Change ☐ Addition AVEDISIAN, JACKIE G NAME 2.2 NAME 1465 MARLIN STREET STREET ADDRESS 2.3 STREET ADDRESS NOKOMIS FL CITY - ST - ZIP 24 C:TY-ST 7/P THLE DELETE 3 1 7111.8 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CH Y - ST - ZIP THILE DELETE 4 1 TITLE Addition NAME 4.2 NAMS STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST- ZIP **900001920449** -05/14/96--01069--013 TIFLE DELETE 5 1 TITLE NAME 5.2 NAME ***200.00 STREET ADDRESS 5 3 STREET ADDRESS CITY+ST-ZIF 5 4 CITY - S1 - ZIP TITLE [] DELETE 6.1 100 6 NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS 64 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under control in Block 12 or Block 12 if changed or on an attrocharged with an addition. appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OF PRINTER AND THE

4-30-96 941-484-07 88