Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 016 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$77600

1. Corporation Name

COMPUTER TRONICS OF SOUTH FLORIDA INC

COMPO	TEN THOMICS OF SOUTH	I FOLIDY 1140						
Principal Place	e of Business	Mailing Address						
7908 NW 103 ST						DO NOT WRITE IN THIS	SPACE	•
						3. Date Incorporated or Qualifed 09/04/1991	, ,	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	Applied For
26						65-0283627		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_	\$8.75	Additional
27						5. Certificate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip	. Country Zip Co			intry		8. This corporation owes the current year Inta		$\searrow$
24	25	29	30			Personal Property Tax.	☐ Yes	ZNo_
	9. Name and Address of Curre	ent Registered Agent		<u> </u>		10. Name and Address of New Registered A	gent	<del></del>
	- 1/Philippin A			81	Name			
HUIE, KENNETH G.				82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
l	NW 80 AVE							
#11-				83				
HIAL	EAH GARDENS FL 33016			84	City		85 Zip	Code
·				04	City	FL		, 0000
! office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	sauthonzed	o ov	the corporation	oration submits this statement for the purpose of on's board of directore? I hereby accept the appoin	thanging if tment:as:	is registered registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·	d when reinstating) DATE		
	Signature, typed or printed name of registered as	gent and title if applicable. (NO ND DIRECTORS	13.	1 Agen	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
12.	D ·	DELETE	1.1 TT	ΠF		ABDITIONS/CITATIOES TO OFFICE ALL	Change	
	HUIE, KENNETH G.		1.2 N/		\ \		_ ,	
NAME	7908 NW 103 STREET				TADORESS			
STREET ADDRESS								
CITY-ST-ZIP				TY-ST	- ZIP		☐ Change	e Addition
TITLE				2.1 TITLE 2.2 NAME			ondinge	, ,,,,,,,,,,
NAME								
STREET ADDRESS					T ADDRESS			
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NAME			4. 2 N					
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TITLE		☐ DELETE	β.1 TΓ			•	Change	e
NAME			6.2 N					
STREET ADDRESS			6.3 ST	TREET	TADORESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP