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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

Katherine Harris

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90010 009 \*\*\*150.00

i. Corporatio	MENT # <b>S8175</b> 8 TIVE COMPUTERS INCORI							
Principal Plac	e of Business	Mailing Address				10 1031 01311 01011 0101 I		
6206 PARADISE POINT DR 15111 SW 75TH CT					L L			
MIAMI FL 33157 MIAMI FL 33158								
US						E IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					09/23/1991		<del>,</del>	
	lace of Business	2a. Mailing Address			4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
84675W, 138 TER Suite, Apt. #, etc.		26 8467 SW 138 TER Suite, Apt. #, etc.			65-0383135			
22		27			5. Certifcate of Status Desired	Fee Required		
City & Stat		City & State			6. Election Campaign Financing		00-May-Be	
23 Mia		28 MIAMI,	FL		Trust Fund Contribution		led to Fees	
Zip	58 25 U.SA.	Zip	Cour	ື່ບ.ຣ <i>.A</i>	8. This corporation owes the curre	· <u>-</u>	□No	
4 331			30	<u> </u>	Personal Property Tax.  10. Name and Address of New Re	☐ Yes		
	9. Name and Address of Curre	nt Kadisteren Adent		81 Name	10. Italie and Address of New Ro	igistered Agent		
KUKER, HOWARD L.								
9200 S DADELAND BLVD				82 Street Address (P.O. Box Number is Not Acceptable)				
508		ŀ	83		<del></del>			
MIAMI FL 33156			L			· <del>···········</del>		
			ĺ	84 City		FL  85   2	Zip Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flor	ida Statu	tes.	ration's board of directors. I hereby accept quired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1.1 111			Char	nge Addition	
NAME	MARTINO, JEFFREY GERARD		1.2 NA					
STREET ADDRESS	10561 SW 91ST AVE				8467 5W 138 TER	_		
CITY-ST-ZIP	MIAMI FL 33176	Classer	_	Y-ST-ZIP	MIAM 1 FL 33158	Char	nge Addition	
TITLE	D	☐ DELETE	2.1 TIT			E Cliar	igeAccilion	
NAME	ASSALI, PATRICK MARC		2.2 NA		8600 SW 139 TER			
STREET ADDRESS	6206 PARADISE POINT DR			REET ADDRESS			Ì	
CITY-ST-ZIP	MIAMI FL 33157	☐ DELETE	2.4 CIT	Y-ST-ZIP	MIAM 1, FL 33158	☐ Chan	nge Addition	
TITLE			3.1 MI					
NAME				REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			į	
TITLE		☐ DELETE	4.1 TITL			Chan	nge Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	REET ADDRESS			ì	
CITY-ST-ZIP			4.4 CIT	Y-ST- <b>Z</b> IP				
TITLE		☐ DELETE	5.1 TITL	E		Chan	nge	
NAME			5.2 NAM	AE .			}	
STREET ADDRESS			5.3 STR	REET ADDRESS	•			
CITY-ST-ZIP		·		Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	- l		Chan	nge	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	EET ADDRESS			\	
			- ^ 4 6	4 AT 700			l l	

14. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/99 305-252-1578