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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90200 038 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S86602**

1. Corporation Name
CONSOLIDATED COMPUTER SUPPLIES CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9965 MIRAMAR PKWY. SUITE#174 MIRAMAR FL 33025 US
 Mailing Address: 9965 MIRAMAR PKWY. SUITE#174 MIRAMAR FL 33025 US

3. Date Incorporated or Qualified: **10/10/1991**
 4. FEI Number: **65-0304466**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24): Suite, Apt. #, etc., City & State, Zip, Country
 2a. Mailing Address (25-30): Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent

PONS, GRACIELA
8650 NW 10TH ST.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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 607.0501 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|-----------------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| P | PONS, GRACIELA | | |
| 8850 N.W. 10 ST. | | | |
| PEMBROKE PINES FL | | | |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Graciela Pons* 4-21-99 305-266-2545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)