

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S90947** (0)

1. Corporation Name

BANCOMPUTER, INC.



Principal Place of Business

**101 N PLUMOSA ST
MERRITT ISLAND FL 32953
US**

Mailing Address

**POST OFFICE BOX 540548
MERRITT ISLAND FL 32954-0548
US**

3. Date Incorporated or Qualified
10/30/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **980 N. Federal Highway**

22 City & State

Suite, Apt. #, etc.

23 Zip

Country

27 City & State

Boca Raton, Florida

24 Zip

Country

29 **33432-2704**

30 **USA**

4. FEI Number

59-3114433

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

**ADAMS, DOROTHY E.
101 N PLUMOSA ST
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name

Russell T. Kamradt

82 Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Drive

83

Suite 900 East

84 City

West Palm Beach

FL

85 Zip Code

33401

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

Russell T. Kamradt

(Signature, typed or printed name of registered agent and block of application)

(NOTE: Registered agent signature required when reappointing)

2/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	ROWE, MORRIS A.	
STREET ADDRESS	220 KING STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	VST	☒ DELETE
NAME	ADAMS, DOROTHY E.	
STREET ADDRESS	101 N. PLUMOSA ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	☒ DELETE
NAME	CROCKETT, BEVERLY H	
STREET ADDRESS	101 N PLUMOSA ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	☒ DELETE
NAME	PARKER, MARY P.	
STREET ADDRESS	101 N. PLUMOSA ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	C	☒ DELETE
NAME	KING, MAXWELL C.	
STREET ADDRESS	1384 WALTON HEATH CT	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	PD	☒ DELETE
NAME	BOWDEN, DONALD L	
STREET ADDRESS	101 N PLUMOSA ST	
CITY-ST-ZIP	MERRITT ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Warren S. Orlando	
1.3 STREET ADDRESS	980 N. Federal Highway	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	John Marino	
2.3 STREET ADDRESS	980 N. Federal Highway	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	June Owens	
3.3 STREET ADDRESS	101 N. Plumosa Street	
3.4 CITY-ST-ZIP	Merritt Island, FL 32953	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Dana Kilborne	
4.3 STREET ADDRESS	980 N. Federal Highway	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	Ward Kellogg	
5.3 STREET ADDRESS	980 N. Federal Highway	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704	
6.1 TITLE	100001732911	☐ Change ☐ Addition
6.2 NAME	-03/05/96--01037--012	
6.3 STREET ADDRESS	***208.75	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Marino

(407) 392-4000

Date:

Day/Year & Phone #

CR2E034 (12/95)