

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V36977 (9)**

1. Corporation Name  
**CARIBE COMPUTER CONSULTANTS, INC.**



Principal Place of Business <b>27212 BREAKERS DR                  DADE CITY FL 33543                  US</b>	Mailing Address <b>PO BOX 1463                  DADE CITY FL 33526-1463</b>
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3. Date Incorporated or Qualified <b>05/18/1992</b>	3a. Date of Last Report <b>07/18/1996</b>
4. FEI Number <b>59-3131700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 27212 BREAKERS DR.</b> Suite, Apt. #, etc. <b>22 Wesley Chapel</b> City & State <b>23 FL</b> Zip <b>24 33543</b>	2a. Mailing Address <b>26 P.O. Box 1463</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 DADE CITY FL</b> Zip <b>29 33526</b>	30. Country <b>25 USA</b> Country <b>30 PASCO</b>
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9. Name and Address of Current Registered Agent <b>KATRINA MC CABE                  37934 E COLEMAN AVENUE                  DADE CITY FL 33525</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P.</b>
NAME <b>FORESTER, CHARLES T</b>		1.2 NAME <b>CHARLES T. FORESTER</b>
STREET ADDRESS <b>11746 - 81ST ST AVENUE NORTH</b>		1.3 STREET ADDRESS <b>27212 BREAKERS DR</b>
CITY - ST - ZIP <b>SEMINOLE FL</b>		1.4 CITY - ST - ZIP <b>Wesley Chapel, FL 33543</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 \_\_\_\_\_ if an address.

SIGNATURE:  **CHARLES FORESTER** Date: **1/10/97** (813) 973-8916

CR2E034 (9/96)