

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
TALLAHASSEE, FLORIDA 32304

APPROVED  
AND  
FILED

MAY -1 AM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V50885**

(5)

1. Corporation Name

**HARRISON COMPUTER CORPORATION**

Principal Place of Business

**1420 GEMINI BLVD.  
ORLANDO FL 32837**

Home Address

**1420 GEMINI BLVD.  
ORLANDO FL 32837**

DO NOT WRITE IN THIS SPACE

2. Principal Officer Positions

21

State App # etc.

22

City & State

23

City & State

24

25

25. Mailing Address

26

**Box 149428**

State App # etc.

27

City & State

28

**ORLANDO, FL**

29

**32514-9428**

30

3. Date Incorporated or Qualified

**07/15/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3137524**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. The corporation has filed the following with the Florida  
Secretaries: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KATZ, LAWRENCE H.  
247 E. VANHOE BLVD. NORTH  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81

Name

**RAI, KEMKUMARIE**

82

Street Address

**3186 ZAHARIAS DRIVE**

83

84

City

**ORLANDO**

FL

85

Zip Code

**32837**

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), 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. Therefore, I, the undersigned, accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.04(1), Florida Statutes.

SIGNATURE

*Kemkumarie Rai* **Kemkumarie Rai** President

**4-29-95**

12. OFFICERS AND DIRECTORS

OFF

NAME

**PS  
RAI, KEMKUMARIE  
3186 ZAHARIAS DR.  
ORLANDO FL**

OFFICE ADDRESS

CITY

STATE

ZIP

NAME

OFFICE ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 OFFICE ADDRESS

13.3 CITY

13.4 STATE

13.5 ZIP

13.6 NAME

13.7 OFFICE ADDRESS

13.8 CITY

13.9 STATE

13.10 ZIP

13.11 NAME

13.12 OFFICE ADDRESS

13.13 CITY

13.14 STATE

13.15 ZIP

13.16 NAME

13.17 OFFICE ADDRESS

13.18 CITY

13.19 STATE

13.20 ZIP

13.21 NAME

13.22 OFFICE ADDRESS

13.23 CITY

13.24 STATE

13.25 ZIP

13.26 NAME

13.27 OFFICE ADDRESS

13.28 CITY

13.29 STATE

13.30 ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.04(1), Florida Statutes. I further certify that the information included 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 authorized to check for all the corporations on the record of the Department of State and to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: **Kemkumarie Rai** *Kemkumarie Rai*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.10.95

407-826-5821