

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 # **V67449** (1)  
1. Corporation Name  
**COMPUTER MEDIC CENTER OF NORTH PALM BEACH, INC.**



Principal Place of Business  
**600 NORTHLAKE BLVD.  
B  
N. PALM BCH. FL 33408  
US**

Mailing Address  
**600 NORTHLAKE BLVD.  
B  
N. PALM BCH. FL 33408  
US**

3. Date Incorporated or Qualified  
**09/25/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0411433**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**REINHART, CATHERINE  
1811 119TH TERRACE  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name  
**Elena S. Bukowski**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15838 76th Rd North**

83

84 City  
**Loxahatchee**

85 Zip Code  
**FL 33470**

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 607.0605, Florida Statutes.

SIGNATURE: *Elena S. Bukowski* **ELENA S. BUKOWSKI** **4-11-96**  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>REINHART, BENJAMIN L.</b> |                                            |
| STREET ADDRESS | <b>1811 NW 119TH TERR.</b>   |                                            |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL</b>     |                                            |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>BUKOWSKI, DANIEL J.</b>   |                                            |
| STREET ADDRESS | <b>15838 76TH RD N</b>       |                                            |
| CITY-ST-ZIP    | <b>LOXAHATCHEE FL</b>        |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>P</b>                                                                     |
| 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 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: *Daniel J. Bukowski* **Daniel J. Bukowski** **4/11/96** **407 8440707**  
Signature and typed or printed name of signing officer or director. (Date) Daytime Phone

CR2E034 (12/95)