

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73793** (4)

1. Corporation Name

COMPUTERNET CORPORATION



Principal Place of Business

Mailing Address

~~190 SE 19TH AVE.~~
~~POMPANO BEACH FL 33060~~

190 SE 19TH AVE.
POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

21 **3760 NE 16th TER**

26 **P.O. Box 5099**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **POMPANO BEACH, FL**

28 **POMPANO BEACH**

24 Zip

Country

29 Zip

Country

25 **33064**

30 **33074**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, GEORGE T
~~190 SE 19TH AVENUE~~
~~POMPANO BEACH FL 33060~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3760 NE 16th TERRACE

83

84 City
POMPANO BEACH

FL

85 Zip Code
33064

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

George T. Foster

(NOTE: Registered Agent signature required when reinstating)

2-4-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AHEARN, THOMAS	
STREET ADDRESS	190 SE 19 AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BORKOWSKI, MICHAEL	
STREET ADDRESS	190 SE 19 AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FOSTER, GEORGE T	
STREET ADDRESS	190 SE 19 AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, MARY	
STREET ADDRESS	190 SE 19 AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/P/S
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:

George T. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-96

Date

954-941-4315

Daytime Phone #

CR2E034 (12/95)