Applied For

FILED

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90011 020 ***558.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/20/1994

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

Mailing Address

SUITE 30

300 HOSPITAL DRIVE

GLEN BOWIE MD 21061

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002034

Principal Place of Business

2. Principal Place of Business

300 HOSPITAL DRIVE

GLEN BOWIE MD 21061

SUITE 30

ST. PAUL COMPUTER CENTER, INC.

21		[26]				52-0902065		NC NC	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ı 🛚	\$8.75 A	
City & Stat	te	City & State				6. Election Campaign Financi	ng	\$5.00	May Be
23		28				Trust Fund Contribution	"9 🗆	Added t	,
Zip	Country	Zip	Cou	ntry		8. This corporation owes the	current year I	ntangible	
24	25	29	30			Personal Property Tax.		☐ Yes	⊠No
····	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Ne	w Registere	d Agent	
HAD	TIONE NENDY E			81	Name				
HARTLOVE, HENRY F				82 Street Address (P.O. Box Number is Not Acceptable)					
7660 BENJI RIDGE TRAIL KISSIMMEE FL 34747						(, , , , , , , , , , , , , , , , , , ,			
NISSIMMEE FL 34/4/				83					
				84	City			85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							<u> </u>		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with and become the object.	e of Florida. Such change was a	authorized	by ti	named corpo ne corporation	pration submits this statement for n's board of directors. I hereby ac	the purpose of cept the appr	of changing its pintment as re	registered gistered
SIGNATURE		22					5/21/9	5	
12.	Signature, to or printed name of regestered ag			Agent	signature required		DATE		
		ND DIRECTORS	13.		·	ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	PC							☐ Change	Addition
NAME				1.2 NAME					
STREET ADDRESS				STREET ADDRESS				i	
CITY-ST-ZIP	BALDWIN MD 21013		_	Y-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TfT	LE				☐ Change	☐ Addition
NAME	HARTLOVE, HENRY W		2.2 NA	ME					
STREET ADDRESS	***************************************								
CITY-ST-ZIP	TIMONIUM MD	☐ DELETE	3.1 TIT	TY-ST-	ZIP			Change	Addition
TITLE	V		I					once.igo	
NAME	REITTERER, BOYCE C		3.2 NA						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34747		3.4.0					Change	Addition
TITLE	49D						Ghange		
NAME	LEWIS, ROBERT H		4. 2 NA						
STREET ADDRESS	200 MANGATE NOAD				UDDRESS				
CITY-ST-ZIP	LUTHERVILLE MD				ZIP			☐ Change	Addition
TITLE	VTD	☐ DELETE	5.1 TIT		}				
NAME	Hartlove, Henry F		5 2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP	KISSIMMEE FL			Y-ST-	ZIP			Change	☐ Addition
TITLE		☐ DELETE	6.1 TIT		Ì			☐ Change	
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				Y-ST-			1.4.46	416 - 41 41 15	-6
indicated officer or	certify that the information supplied won this annual report or supplement director of the corporation or the recor Block 13 if changed or on an attachment.	al annual report is true and acci eiver or trustee empowered to e	urate and execute th	that i	my signature port as requir	shall have the same legal effect a	as ir made on	uei oaui, iiiai i	lannan

SIGNATURE: