FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 #20

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Mar 08 1996 8:00 am
Secretary of State

DOCUMENT # **J46369** **(1)**

1. Corporation Name
COMPUTER PROFESSIONALS, INC.

Principal Place of Business
54 MARINA ROAD
LAKE WYLIE SC ~~29710~~
US

Mailing Address
54 MARINA ROAD
LAKE WYLIE SC ~~29710~~
US

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0000600 — 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: 29710 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: 29710 — Country — 30

9. Name and Address of Current Registered Agent
TOM HOSHKO
4900 NORTH OCEAN BLVD
SUITE 406
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 — Signature (typed or printed name of registered agent and title if applicable) — (If Registered Agent is a corporation, signature required under section 607.0505) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	HOSHKO, THOMAS E.	
STREET ADDRESS	54 MARINA ROAD	
CITY-ST-ZIP	LAKE WYLIE SC	
TITLE	VP	☐ DELETE
NAME	PETTENGILL, PATRICK	
STREET ADDRESS	54 MARINA RD.	
CITY-ST-ZIP	LAKE WYLIE SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CFO	☐ Change ☒ Addition
3.2 NAME	TOTTERTON, PHILLIP	
3.3 STREET ADDRESS	54 MARINA ROAD	
3.4 CITY-ST-ZIP	LAKE WYLIE, SC 29710	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)