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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90092 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L40222**

1. Corporation Name
~~WPI HUSKY COMPUTERS, INC.~~

WPI HUSKY TECHNOLOGY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 18167 US HIGHWAY 19N
 STE - 285
 CLEARWATER FL 34624
 US

Mailing Address
 18167 US HIGHWAY 19N
 STE - 285
 CLEARWATER FL 34624
 US

3. Date Incorporated or Qualified
12/29/1989

4. FEI Number
59-2984538

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

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

9. Name and Address of Current Registered Agent

LAMB, LONNY W
 18167 US HIGHWAY 19 N
 STE - 285
 CLEARWATER FL 34624

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DELETE
 NAME **C FOSTER, M**
 STREET ADDRESS **1155 ELM ST**
 CITY-ST-ZIP **MANCHESTER NH**

1.1 TITLE
 1.2 NAME **PC FOSTER, M**
 1.3 STREET ADDRESS **1155 ELM ST**
 1.4 CITY-ST-ZIP **MANCHESTER, NH**

TITLE DELETE
 NAME **S TULE, M B**
 STREET ADDRESS **1155 ELM ST**
 CITY-ST-ZIP **MANCHESTER NH**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **P LAMB, LONNY**
 STREET ADDRESS **18167 UW HWY 19N STE 285**
 CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T DEEGAN, D M**
 STREET ADDRESS **1155 ELM ST**
 CITY-ST-ZIP **MANCHESTER NH**

4.1 TITLE Change
 4.2 NAME **T POWERS, JW**
 4.3 STREET ADDRESS **1155 ELM ST**
 4.4 CITY-ST-ZIP **MANCHESTER, NH**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Michael Tule
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

603-627-3500
 Daytime Phone #

CR2E034 (1/198)