

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023390 (4)

1. Corporation Name

COMPUSEV-2000 INC.

VI-TECH MARKETING, Inc. NC 12-17

Principal Place of Business

1111 BUENA VISTA AVE.
HOLLY HILL FL 32117

Mailing Address

1111 BUENA VISTA AVE.
HOLLY HILL FL 32117-2401

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

07/09/1996

4. FEI Number

~~20-2370000~~ 59-3436754

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

TURCOTTE, LOWELL A JR.
1111 BUENA VISTA AVE.
HOLLY HILL FL 32117

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

TITLE: D
NAME: TURCOTTE, LOWELL A JR.
STREET ADDRESS: 1111 BUENA VISTA AVE.
CITY- ST- ZIP: HOLLY HILL FL 32117

TITLE: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY- ST- ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Vice President
1.2 NAME: Brent Kolar
1.3 STREET ADDRESS: 1024 Great Oaks Dr.
1.4 CITY- ST- ZIP: Holly Hill FL 32117

2.1 TITLE: ☐ Change ☒ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY- ST- ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY- ST- ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY- ST- ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY- ST- ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY- ST- ZIP: ☐ Change ☐ Addition

9000002194783
-05/29/97--01044--034
***165.00

I do 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.

SIGNATURE:

Lowell A. Turcotte Jr. Lowell A. Turcotte Jr. 4-29-97 904-258-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)