


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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 046 ***150.00

000597

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000022908

1. Corporation Name
MODIS/COMPUTER ACTION, INC.



Principal Place of Business: 1 INDEPENDENT DR JACKSONVILLE FL 32302 US

Mailing Address: 177 CROSSWAYS PARKS DR WOODBURY NY 11797 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3444066	
City & State		City & State		Applied For	
23		28		<input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEPC	<input type="checkbox"/> DELETE
NAME	DEWAN DEREK E	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SECR	<input type="checkbox"/> DELETE
NAME	ABNEY MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE DANIEL M	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEWAN, DEREK E.	
1.3 STREET ADDRESS	1 INDEPENDENT DR	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
2.1 TITLE	SR. VP. / TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABNEY, MICHAEL D.	
2.3 STREET ADDRESS	1 INDEPENDENT DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
3.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAYO, MARC M.	
3.3 STREET ADDRESS	1 INDEPENDENT DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
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 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: [Signature] **NO SIGNATURE REQUIRED** 7-4-99 904-360-2704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)



596609-90025-46
F970000 22908



One Independent Drive · Jacksonville, Florida 32202-5060
Telephone: 904-360-2000 · Facsimile: 904-360-2814
www.modispro.com

July 6, 1999

Re: Profit Corporation Annual Report – Modis Computer Action, Inc.

Florida Department of State
Katherine Harris - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

Gerald Robinson
Tax Director