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

**PROFIT CORPORATION ANNUAL REPORT** 

1999



DOCUMENT # **P98000030333**1. Corporation Name

COMPUSAVE MICROSYSTEMS, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90029 039 \*\*\*150.00

Deinging Div	of Durings	A4-2								
Principal Place of Business Mailing Address 73 WEST COLONIAL DRIVE 73 WEST COLONIAL DRIVE										
ORLANDO FIL		73 WEST COLONIAL DRIV ORLANDO FL 32801	VE.							
		01101100 12 02001					DO NOT WRIT	E IN THE	S SPACE	
							3. Date Incorporated or Qualifed 03/30/1998			
Principal Place of Business     2a. Mailing Address							4. FEI Number		Ar	pried For
21 13	O COLONIAL DUM	<del></del>					59-3505005		No	ot Applicable
Suite, Act		Suite, Apt. #, etc.	27				5. Certifcate of Status Desired			Additional ecuired
City & Sta	ando El	City & State					6. Election Campaign Financing			May Be
Zig Courty Zip			Country			-	Trust Fund Contribution			tc Fees
24 B 3	301 <sub>25</sub> "ÜS14	29	·	ariu y			8. This corporation owes the curre	nt year in	tangible Yes	1 <del>DN</del> o
24 - 0	9. Name and Address of Current	<del></del>	30	<del></del>			Persor al Property Tax.  0. Name and Address of New R.	enistered		INNO
	p. manu and national ar dunion	riogiotoreo rigent	·	81	Name		V. Hame and Address of Hell A.	gistereu	Agent	
HAR	IGROVE, CHARLES D ESQ									
	/ Office of Savage-Gaston, I			82	Street Ac	dress	(P.O. Box Number is Not Acceptal	жe)		
801 N. MAGNOLIA AVENUE, SUITE 402				83				<del></del> -		
ORL	ANDO FL 32803-3851									
				84	City			FL	85 Zip (	Code
office ()r	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligation	t Florida. Such change was :	authorized	1 bv	the comora	rporat ition's	ion submis this statement for the p board of directors. I hereby accept	urnose of	changing its intment as re	registered g stered
SIGNATUR:E										
40	Signature, typed or printed name of registered agent			Ageni	signature requ	ired whe		DATE		
TITLE	VD OFFICERS ANI	DIRECTORS	13.	7) [		—	ADDITIONS/CHANGES TO OFF	CERS , \N		
NAME	BARNES, JACK A	JE DECENE			1				Change	Addition
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD FL 32779		•		- 1					
TITLE	PTD	☐ DELETE	2.1 TI	TY-ST	-2112				☐ Change	Addition
NAME	MITH, MICHAEL W		2.2 N/						change	
STREET ADDRESS	ATA DOCTADE DOUG				T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32810		2.40		ſ					
TITLE	3	☐ DELETE	3.1 TI		-217				Change	☐ Addition
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CI							
TITLE		☐ DELETE	4.1 TIT						☐ Change	Addition
NAME			4. 2 N	AME					_ •	
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CF	TY-ST	ZIP					
TMLE		☐ DELETE	5 1 TIT						Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4 CITY-ST-ZIP						
TITLE	· <del></del>	☐ DELETE	6.1 TIT	LE					☐ Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			64.01	V- ST.	7ID					

Thereby 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 acceptate and that my signat are 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 true expression of the corporation or the receiver or true expression of the corporation of the corporation or the receiver or true expression of the corporation of the corporation or the receiver or true expression of the corporation of