

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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J46369 (1)**

1. Corporation Name  
~~COMPUTER PROFESSIONALS, INC.~~  
**MODIS, INC.**

Principal Place of Business <b>54 MARINA ROAD                  LAKE WYLIE SC 29710                  US</b>	Mailing Address <b>177 Crossways Park Dr.                  Woodbury, NY 11797</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Sulte, Apt. #, etc.	<b>26</b> Sulte, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/10/1986</b>	
<b>4.</b> FEI Number <b>65-0000600</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOSHKO, THOMAS E.</b>	
STREET ADDRESS	<b>54 MARINA ROAD</b>	
CITY-ST-ZIP	<b>LAKE WYLIE SC</b>	
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	<b>TETTERTON, PHILLIP</b>	
STREET ADDRESS	<b>54 MARINA ROAD</b>	
CITY-ST-ZIP	<b>LAKE WYLIE SC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TIMOTHY PAINF</b>	
1.3 STREET ADDRESS	<b>One Independent Drive</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>	
2.1 TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DEWAN, DEREK E.</b>	
2.3 STREET ADDRESS	<b>One Independent Drive</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>	
3.1 TITLE	<b>Treas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ABNEY, MICHAEL J.</b>	
3.3 STREET ADDRESS	<b>One Independent Drive</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>	
4.1 TITLE	<b>SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MAYO, MARC M.</b>	
4.3 STREET ADDRESS	<b>One Independent Drive</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>	
5.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CALABRO, ROBERT</b>	
5.3 STREET ADDRESS	<b>177 CROSSWAYS PARK DR</b>	
5.4 CITY-ST-ZIP	<b>WOODBURY, NY 11797</b>	
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.

SIGNATURE: **ROBERT CALABRO** *1/14/98*

CR2E034 (10/97)