

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 20 1996 8:00 am  
Secretary of State

DOCUMENT # 327660 (7)

1. Corporation Name

COMPUTER PRODUCTS, INC.



Principal Place of Business

Mailing Address

7900 GLADES RD. #500  
BOCA RATON FL 33434

7900 GLADES ROAD  
#500  
BOCA RATON FL 33434  
US

3. Date Incorporated or Qualified  
03/18/1968

3a. Date of Last Report  
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1205269

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGER, BERT  
6129 SW 70TH STREET  
MIAMI FL 33143

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	<del>DE</del>	<input checked="" type="checkbox"/> DELETE
NAME	LEMASTERS, JOSEPH M.	
STREET ADDRESS	7900 GLADES RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	OLLENDORFF, STEPHEN A.	
STREET ADDRESS	100 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICHARD J.	
STREET ADDRESS	7900 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAGER, BERT	
STREET ADDRESS	6129 SW 70 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPLETON, EARL J.	
STREET ADDRESS	129 PARK SHORE CIR.	
CITY-ST-ZIP	INDIAN RIVER SHORES, F	
TITLE	<del>+</del>	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, DONALD V	
STREET ADDRESS	7900 GLADES RD #500	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph M. O'Donnell	
1.3 STREET ADDRESS	7900 Glades Rd. #500	
1.4 CITY-ST-ZIP	Boca Raton, FL 33434	
2.1 TITLE	Lewis Solomon-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	c/o Silent Radio, Inc.	
2.3 STREET ADDRESS	144 Nassau Blvd.	
2.4 CITY-ST-ZIP	West Hempstead, NY 11552	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David I. Libow	
5.3 STREET ADDRESS	7900 Glades Rd.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33434	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

327660 2 of 2

Additional Directors:

Edward S. Croft, III  
c/o Robinson Humphrey Co., Inc.  
3333 Peachtree Rd., NE, 10th Floor  
Atlanta, GA 30326

Phillip A. O'Reilly  
543 E. Alexander Palm Road  
Boca Raton, FL 33432