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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **476692** **(9)**

1. Corporation Name
COMPUTERIZED DATA PROCESSING, INC.

Principal Place of Business	Mailing Address
6838 NW 77 CT. MIAMI FL 33166	6838 NW 77 CT. MIAMI FL 33166-2713

3. Date Incorporated or Qualified: 05/23/1975
3a. Date of Last Report: 04/11/1996
4. FEI Number: 59-1579370 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LIPCON, MITCHELL J.
9100 SOUTH DADELAND BLVD
SUITE 801
MIAMI FL 33156

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 Section 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE			
TITLE	PTD	11 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	PAWLIGER, MICHAEL	12 NAME	DINDY GLUECKAUF	
STREET ADDRESS	6225 SW 118TH TERRACE	13 STREET ADDRESS	6225 SW 118th TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
		22 NAME	MICHAEL PAWLIGER	
		23 STREET ADDRESS	6225 SW 118TH TERR	
		24 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
		32 NAME		
		33 STREET ADDRESS		
		34 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
		42 NAME		
		43 STREET ADDRESS		
		44 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE		☐ Change ☐ Addition
		52 NAME		
		53 STREET ADDRESS		
		54 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
		62 NAME		
		63 STREET ADDRESS		
		64 CITY-ST-ZIP		

CR2E034 (9/96)

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, added or deleted.

SIGNATURE: MICHAEL H. PAWLIGER 2/6/97 3054770353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #