FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90117 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCHMENT

Principal Place of Business P.O. BOX 17379 P.O. BOX	1. Corporation Name COMPUTHON, INC.			
P.O. BOX 17979 TAMPA FL 33882-7979 TAMPA FL 338813 P.O. BOX 17979 TAMPA FL 33882-7979 TAMPA FL 33882-7979 TAMPA FL 338813 P.O. BOX 17979 TAMPA FL 33882-7979 TAMPA FL 338813 P.O. BOX 17979 TAMPA FL 338813 D.O. NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1981 The Country Laborated of Status Desired 11/17/1981 Tampa Fl 34823 Tampa Fl 34823 Tampa Fl 34823 Tampa Fl 34823 Tampa Fl 33813 D.O. NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1981 Telescope Fl 34823 Tampa Fl 33813 D.O. NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1981 Tampa Fl 34823 Tampa Fl 33813 D.O. NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1981 Tampa Fl 34823 Tampa Fl 34823 Tampa Fl 33813 Tampa Fl 338	Principal Place of Business Mailing Address		T (EOISDO 1191 BILDE AILLI ODIDI EDISI 1901 AIRIS DI	## ###################################
11/17/1981 11/17/1981 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 3. FEI Number 3. FEI Number 3. Not Applicable 3. Not Applicable 3. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 3. Suite, Apt. #,	P.O. BOX 17979 P.O. BOX 17979			SPACE
2. Mailing Address 2.a. Mailing Address 4. FEI Number 59-2143823 National Property Not Applicable Suite, Apt. #, etc.			·	
Suite, Apt. #, etc. Suite and Contribution Suite, Apt. #, etc. Suite and Contribution Suite and Address of Country Suite and Address of New Registered Agent Suite and Address of New Registered Agen	2. Principal Place of Business 2a. Mailing Address			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc			59-2143823	Not Applicable
27			5 Certificate of Status Desired	
Trust Fund Contribution Added to Fees Zip Country Zip Country B. Trust Fund Contribution Added to Fees Zip Country Zip Country B. Trust Fund Contribution Added to Fees Personal Property Tax. yes ye	27		3. Controlle of Canada Decirios	
Zip Country Zip	City & State City & State			*
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent PETERSON, BARRY 328 WEST BEARSS AVE TAMPA FL 33613 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIME PETERSON, BARRY 328 W BEARSS AV 13 STREET ADDRESS 328 W BEARSS AV 13 STREET ADDRESS 328 W BEARSS AVE 13 STREET ADDRESS 328 W BEARSS AVE 14 City FL 85 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CLETE 11 TITLE D CLETE 11 TITLE D CLETE 31 TITLE D CHange Addition Change Addition AMME	==		Trust Fund Contribution	
9. Name and Address of Current Registered Agent PETERSON, BARRY 328 WEST BEARSS AVE TAMPA FL 33613 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Upped or printed name of registered agent and tale if epiticable. PETERSON, BARRY TITLE PDST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZP TAMPA FL 15. TAMPA FL 16. TITLE DELETE 17. TITLE DELETE 17. TITLE DELETE 18. Vanie 18. Vanie 19. Vanie 19. Vanie 19. Vanie 19. Vanie 21. Tampa, PL 33 loc 3 Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition		_ ′	•	
PETERSON, BARRY 328 WEST BEARSS AVE TAMPA FL 33613 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DELETE 1.1 mile DELETE 1.1 mile DELETE 1.1 mile DELETE 1.3 maph, plus 33 lg 3 maphs 328 W BEARSS AV 1.3 SIREET ADDRESS 32.8 W BEARSS AV 3.3 SIREET ADDRESS		30		
328 WEST BEARSS AVE TAMPA FL 33613 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 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 agnature required when reinstating) DATE	9. Name and Address of Current Registered Agent	81 Name	10. Hame and Addition of How Rogistered	
328 WEST BEARSS AVE TAMPA FL 33613 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 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 agnature required when reinstating) DATE	PETERSON, BARRY			·
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 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PDST OFFICERS AND DIRECTORS IN 12 ITILE PETERSON, BARRY 1.2 NAME PETERSON, BARRY 328 W BEARSS AV 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP TAMPA FL 1.5 Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition	328 WEST BEARSS AVE	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDST NAME PETERSON, BARRY 328 W BEARSS AV 13. STREET ADDRESS 328 W BEARSS AV 13. STREET ADDRESS 328 W - BE ARSS AU 13. STREET ADDRESS 328 W - BE ARSS AU 14. CITY-ST-ZIP TAMPA FL 17. CHANGE Addition	TAMPA FL 33613	83		
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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDST NAME PETERSON, BARRY 328 W BEARSS AV 13. STREET ADDRESS 328 W BEARSS AV 13. STREET ADDRESS 328 W - BE ARSS AU 13. STREET ADDRESS 328 W - BE ARSS AU 14. CITY-ST-ZIP TAMPA FL 17. CHANGE Addition		041 00		as Zio Cedo
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		84 City	FL	85 Zip Code
12. OFFICERS AND DIRECTORS TITLE PDST DELETE NAME PETERSON, BARRY STREET ADDRESS 328 W BEARSS AV TITLE D DELETE 1.1 TITLE D DELETE 1.2 NAME 1.3 STREET ADDRESS 32.8 W BEARSS AV 1.3 STREET ADDRESS 32.8 W BEARSS AV 1.4 CITY-ST-ZIP TAMPA FL 1.1 TITLE D DELETE 2.1 TITLE D Change Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition	office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, F SIGNATURE	authorized by the corporati forida Statutes.	lon's board of directors. I nereby accept the appoil	changing its registered
NAME PETERSON, BARRY STREET ADDRESS 328 W BEARSS AV CITY-ST-ZIP TAMPA FL D DELETE 21 TITLE NAME PETERSON, MAURA P. STREET ADDRESS 328 W. BEARSS AVE CITY-ST-ZIP TAMPA FL DELETE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TAMPA FL DELETE 31 TITLE 31 TITLE NAME DELETE 32 NAME Change Addition Change Addition	3,3			
TAMPA FL	TITLE PDST DELETE	1.1 TITLE 2	Dexector	Change Addition
TAMPA FL	NAME PETERSON, BARRY	1.2 NAME	MARY C. PETERSON	
TAMPA FL	STREET ADDRESS 328 W BEARSS AV	1.3 STREET ADDRESS 3	328 W. BE ARSS HOL	
NAME PETERSON, MAURA P. STREET ADDRESS 328 W. BEARSS AVE CITY-ST-ZIP TITLE NAME DELETE 31 TITLE NAME 32 NAME	CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33613	
STREET ADDRESS 328 W. BEARSS AVE 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP 3.1 TITLE NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	TITLE D DELETE	2.1 TITLE	·	☐ Change ☐ Addition
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP TITLE 31 TITLE Change Addition NAME 32 NAME Addition	NAME PETERSON, MAURA P.	2.2 NAME		
TITLE 31 TITLE Change Addition NAME 32 NAME		2.3 STREET ADDRESS	المراجعين والمراجع والمراجع المراجع والمراجع	
NAME 3.2 NAME				. □ Chance □ Addition
	TITLE			☐ Change ☐ Addition [
23 STREET ADDRESS	NAME	3.2 NAME		į
STREET ADDRESS	STREET ADDRESS	3 3 STREET ADDRESS		
	CITY-ST-ZIP			Change Maddition
	TITLE L.J DELETE			Colonide Charmon
	•			
	NAME	4. 2 NAME		
Change Addition	STREET ADDRESS	4.3 STREET ADDRESS		
THE SAMALE	STREET ADDRESS CITY-ST-ZIP	4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
NAME	STREET ADDRESS CITY-ST-ZIP TITLE DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		. Change Addition
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	· · · ·	Change Addition

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 of 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 changes, or on a attachment with an address, with all other like expowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

813-962-7264

☐ Change

☐ Addition