## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Malling Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Oct 01 1998 8:00am

Secretary of State

Addition

Change

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** F95000002541

COMPANION TECHNOLOGIES OF FLORIDA, INC.

WIGGINS, STEPHEN K

**COLUMBIA SC** 

1-20 EAST AT ALPINE ROAD

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

1-20 EAST AT ALPINE ROAD 1-20 EAST AT ALPINE ROAD COLUMBIA SC 28219 COLUMBIA SC 29219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 2. Principal Place of Business 2a. Malling Address 4. FE! Number Applied For 57-1024979 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number Is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ΡĎ President TITLE DELETE 1.1 TITLE Change Addition SELLERS, M E NAME 1.2 NAME Robert Higgins 1-20 EAST AT ALPINE ROAD STREET ADDRESS 1.3 STREET ADDRESS COLUMBIA SC CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_\_\_ Addition LEICHTLE, ROBERT A NAME 2.2 NAME 1-20 EAST AT ALPINE ROAD STREET ADDRESS 2.3 STREET ADDRESS COLUMBIA SC 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change \_\_\_\_ Addition NAME GRAY, VIVIAN B 3.2 NAME 1-20 EAST AT ALPINE ROAD STREET ADDRESS 3.3 STREET ADDRESS **COLUMBIA SC** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE \_\_ Addition KINARD, TERESA NAME 4.2 NAME 1-20 EAST AT ALPINE ROAD STREET ADDRESS 4.3 STREET ADDRESS COLUMBIA SC CITY-ST-ZIP 4.4 CITY-ST-7/P TITLE DELETE 5.1 TITLE Addition

in Block 12 or Block 13 if changed, or on an attachment with an 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

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP