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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

COMPUTERS UNLIMITED OF CENTRAL FLORIDA, INC.

Mailing Address Principal Place of Business 219 N. BROWN AVE 210 N. BROWN AVE ORLANDO FL 32801 -ORLANDO-FL 92801-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1983 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 7201 Sandscove Court 7201 Sandscore Court 59-2280281 Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Park tr City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes \quad No US Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BELL, DENNIS E. 219 N: BROWN AVE Street Address (P.O. Box Number is Not Acceptable) 82 Sandscove court ORLANDO FL 32801 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type diocipented mone of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change . Addition 1.1 TITLE TITLE BELL, DENNIS E. 1.2 NAME NAME 1201 Sandscove Court, Suite 4 · 219 N. BROWN AVE: 1.3 STREET ADDRESS STREET ADDRESS Winter Park, FL 32792 **GRLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TIFLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(TY-ST-Z)P CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DFLETE TITLE **6.1 TITLE** 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address. Block 12 or Block 13 if changed, or on an attachment wift ulanha