FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

ANNUAL REPORT 1998

Principal Place of Business

2766 SUMMERDALE DR CLEARWATER FL 34621

2. Principal Place of Business

Suite, Apt. #, etc.

33761

SIGNATURE:

City & State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H32208

(1)

COMPUTER ENHANCEMENTS, INC.

Country

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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

33761

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2766 SUMMERDALE DR CLEARWATER FL 3621

FILED Feb 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

3. Date Incorporated or Qualified 12/03/1984

59-2471956

5. Certificate of Status Desired

6. Election Campaign Financing

1/21 98

(813)726-5533

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

	3.				10: Hame the Address of the Manager Page 11		
FRANCY, JOHN 2804 GLORIA CT. CLEARWATER FL/34621 3 3 7 6 1			81	81 Name			
			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	83			
Ų.	33.			<u></u>			
			84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Soctions 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 ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	OFFICERS AND DIRECTORS	DIB. (NOTE: HB		ent signature		<u></u> ₹	
12.	PSD OFFICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u></u> ₹	
TITLE	•	L DECENE	1.1 TITLE		Li Ottange Li Adolli	الا 1	
NAME	FRANCY, JOHN C.		1.2 NAME			5	
STREET ADDRESS	2804 GLORIA COURT	1.3 \$		ADDRESS		Į į	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-5	ST-ZIP		<u> </u> §	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Additi	on C	
NAME	Francy, dixie A. Marty		2.2 NAME				
STREET ADDRESS	2804 GLORIA COURT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-	ST-ZIP	÷		
TITLE		DELETE	3.1 TITLE		Change Addition	on	
NAME			3.2 NAME				
STREET ADDRESS			3.3 \$TREET	ADDRESS		ŀ	
CITY-ST-ZIP	L <u>.</u>		3.4. CITY -	ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	on	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	on	
NAME			52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		-	
TITLE		DELETE 6.1 TI		_	Change Addition	งก	
NAME			6.2 NAME			- 1	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
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 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 changed, of on an attachment with an eddress.							

Country