FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35104 (5)

1. Corporation Name
KENDRICK & SON, INC.

Principal Place of Business
% JAMES D. KENDRICK
518 NORTH TYNDALL PARKWAY
PANAMA CITY FL 32404

Mailing Address
% JAMES D. KENDRICK
518 NORTH TYNDALL PARKWAY
PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1986
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2735727 ☐ 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

9. **Name and Address of Current Registered Agent**

KENDRICK, JAMES D.
518 NORTH TYNDALL PARKWAY
PANAMA CITY FL 32404

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 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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENDRICK, JAMES D.
STREET ADDRESS	518 NORTH TYNDALL PKY
CITY-ST-ZIP	PANAMA CITY FL
TITLE	V
NAME	KENDRICK, VERNON
STREET ADDRESS	518 NORTH TYNDALL PKY.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	S
NAME	KENDRICK, GERTRUDE
STREET ADDRESS	518 NORTH TYNDALL PKY.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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, or on an attachment with an address.

SIGNATURE: James D. Kendrick — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 Date

904-785-0532 Daytime Phone #

0030910 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J35691 (1)

1. Corporation Name
COMPUTER MARKETING GROUP, INC.

Principal Place of Business: ~~830 N.E. POP TILTON'S PLACE~~ ~~JENSEN BCH~~ FL 34957 ~~US~~

Mailing Address: ~~830 N.E. POP TILTON'S PLACE~~ ~~JENSEN BEACH FL 34957~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2744978	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	2a. Mailing Address
21 5201 BLUE LAGOON DR.	26 5201 BLUE LAGOON DR.
Suite, Apt. # etc. 22 SUITE 700	Suite, Apt. # etc. 27 SUITE 700
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126 Country 25	Zip 29 33126 Country 30

9. Name and Address of Current Registered Agent

BARRY G. CRAIG, P.A.
C/O MERSHON, SAWYER, JOHNSTON, DUNWODY
200 S. BISCAYNE BLVD., SUITE 4500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: OSVALDO PI
82 Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DR.
83 SUITE 700
84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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] 4-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title	~~PD~~	Title	P, C, D ☐ Change ☑ Addition
Name	~~FRANCESCANI, CHARLES W~~ DELETE	Name	HUMBERTO J. GONZALEZ
Street Address	~~830 NE POP TILTONS PLACE~~	Street Address	5201 BLUE LAGOON DR. SUITE 700
City-St-Zip	~~JENSON BCH FL~~	City-St-Zip	MIAMI, FL 33126
Title	~~ST~~	Title	S ☑ Change ☐ Addition
Name	SANTANA, ANGIE	Name	ANGIE SANTANA
Street Address	252 PONCE LEON AVE., SUITE ~~1800~~	Street Address	252 PONCE DE LEON AVE., SUITE 1801
City-St-Zip	HATO REY PR	City-St-Zip	HATO REY, PR 00918
Title	~~D~~	Title	D, V ☐ Change ☑ Addition
Name	~~WALLENBERG, PEDER~~ DELETE	Name	OSVALDO PI
Street Address	~~HAMMERWOOD E~~ GRINSTEAD	Street Address	5201 BLUE LAGOON DR., SUITE 700
City-St-Zip	WEST SUSSEX RH	City-St-Zip	MIAMI, FL 33126
Title		Title	D, V ☐ Change ☑ Addition
Name		Name	KIRK MCLEAN
Street Address		Street Address	5201 BLUE LAGOON DR., SUITE 700
City-St-Zip		City-St-Zip	MIAMI, FL 33126
Title		Title	D, V ☐ Change ☑ Addition
Name		Name	JOHN TRUFELLI
Street Address		Street Address	5201 BLUE LAGOON DR, SUITE 700
City-St-Zip		City-St-Zip	MIAMI, FL. 33126
Title		Title	T ☐ Change ☑ Addition
Name		Name	DESIREE ORTIZ
Street Address		Street Address	252 PONCE DE LEON AVE ~~BLVD~~, SUITE 1801
City-St-Zip		City-St-Zip	HATO REY, PR 00918

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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, or on an attachment with an address.

SIGNATURE: [signature] OSVALDO PI 4-19-95 (305) 265-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03/91 16 CP