FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K16998** **(2)**

1. Corporation Name
COMPUTER POWER SPECIALTIES, INC.

Principal Place of Business
9000 W. SHERIDAN ST.
STE. #108
PEMBROKE PINES FL 33024

Mailing Address
9000 W. SHERIDAN ST.
STE. #108
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 03/04/1988
3a. Date of Last Report: 05/12/1995

4. FEI Number: 65-0034622 ☐ 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
21 1630 NW 128th DR
22 Suite, Apt. #, etc. BLDG. 12, Suite 308
23 City & State SUNRISE, FL
24 Zip 33323 25 Country USA

2a. Mailing Address
26 1630 NW 128th DR.
27 Suite, Apt. #, etc. BLDG 12, SUITE 308
28 City & State SUNRISE FL
29 Zip 33323 30 Country USA

9. Name and Address of Current Registered Agent
DEFELICE, LOUIS J.
1210 SW 111TH AVE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1630 NW 128th DR
83 BLDG 12, SUITE 308
84 City SUNRISE FL 85 Zip Code 33323

11. Pursuant to the provisions of Sections 617.0502 and 607.0505, 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 617.0505, Florida Statutes.

SIGNATURE Louis J. DeFelice Louis J. DeFelice Pres DATE 4/12/96

OFFICERS AND DIRECTORS

12.
TITLE PVS
NAME DEFELICE, LOUIS J.
STREET ADDRESS 1210 SW 111TH AVE
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE TD
NAME DEFELICE, LOUIS J.
STREET ADDRESS 1210 SW 111TH AVE
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.
1 TITLE
2 NAME
3 STREET ADDRESS 1630 NW 128th DR. BLDG 12, 308
4 CITY-ST-ZIP SUNRISE FL. 33323 ☐ Change ☐ Addition

5 TITLE
6 NAME
7 STREET ADDRESS 1630 NW 128th DR. BLDG 12 NOT 308
8 CITY-ST-ZIP SUNRISE, FL. 33323 ☐ Change ☐ Addition

9 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY-ST-ZIP ☐ Change ☐ Addition
13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY-ST-ZIP ☐ Change ☐ Addition
17 TITLE / 18 NAME / 19 STREET ADDRESS / 20 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 above or on an attachment with an blank.

SIGNATURE: Louis J. DeFelice Louis J. DeFelice 4/12/96 954 453-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0101049 CP