## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**FILED** Aug 15 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K56603 (9)CPU SOLUTIONS, INC. Principal Place of Business Mailing Address % WALTER R. IRELAND % WALTER R. IRELAND 390 PINELLAS BAYWAY, UNIT G TIERRA VERDE FL 33715-1914 390 PINELLAS BAYWAY, UNIT G DO NOT WRITE IN THIS SPACE TIERRA VERDE FL 33715-1914 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1989 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2929371 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 IRELAND, WALTER R. 390 PINELLAS BAYWAY 82 Street Address (P.O. Box Number is Not Acceptable) UNIT G 83 **TIERRA VERDE FL 33715-1914** City 84 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4) (7) DELETE Change Addition TITLE 1.1 TO FE IRELAND, WALTER R. **1.2 NAME** 390 PINELLAS BAYWAY, #G STREET ADDRESS 1.3 STREET ADDRESS TIERRA VERDE FL CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 THLE NAME 62 NAME

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 eath; 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. Quinking the The and alu las

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP