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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K75890

1. Corporation Name

TTX COMPUTER PRODUCTS, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90021 009 ***150.00



Principal Place of Business Mailing Address								4		
8515 PARKLINE	ROAD	8515 PARKLINE ROAD	8515 PARKLINE ROAD							
ORLANDO FL 3	2809	ORLANDO FL 32809	ORLANDO FL 32809			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				7
						03/28/1989				1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	1
	E. Landstreet Rd.	26 2425 E. Land	lstre	et	Rd.	65-0107213		N/	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	□.		Additional]
22 Ste	#500 <u> </u>	27 Ste. #500							equired	-
City & State		City & State	•			6. Election Campaign Financing \$5.00 May Be				
	ido, FL.		1 7 1			Trust Fund Contribution Added to Fees				┨
Zip 24 32824	Country USA	Zip 29 32824	<u> </u>			8. This corporation owes the current year Intangible Personal Property Tax. XXYes \(\text{No} \)				ļ
24] 32824	9. Name and Address of Current Registered Agent			T		10. Name and Address of New R				1
	9. Name and Address of Curre	ili Kağıstarad Ağanı		81	Name	To. Hamo and read-object to		-3		1
BLAC	CKFORD, ROBERT N.									┨
	SOUTH ORANGE AVE		82 Str			dress (P.O. Box Number is Not Accepta	oie)			
ORL	ANDO FL 32801			83						1
								1001 7:5	Code	-
				84	City		FL	. 85 Zip	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	authorize	ea dv	the corpora	rporation submits this statement for the tion's board of directors. I hereby accept	ourpose of t the appoir	changing its ntment as re	s registered egistered	
SIGNATURE						ured when reinstating)	DATE			\ .
	Signature, typed or printed name of registered ag	ND DIRECTORS	E: Register		n signature requ	ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12	1 3
TITLE	PD OFFICERS A	DELETE				ADDITIONO/OF WATER TO OF		XIX Change		1 :
NAME	LEACH, DONALD WRAY	_	1.2 N							1
STREET ADDRESS	8515 PARKLINE BLVD.				TADDRESS 2	2425 E. Landstreet Rd	./Ste.	#500		
CITY-ST-ZIP	ORLANDO FL		4	CITY-S	. I	Orlando, F1. 32824	.,	"500		}
TITLE	VD	☐ DELETE		TITLE				XX Change	☐ Addition	7
NAME	LEACH, DARREN C.		2.2	NAME						1
STREET ADDRESS	5316 GLASGOW AVE.		2.3	STREET	TADDRESS 8	3576 Summerville Pl.				
CITY-ST-ZIP	-ORLANDO FL	<u>.</u>	2.4 CF		ST-ZIP (Orlando, FL. 32819			£	
TITLE	TD	☐ DELETE	3.1	TITLE				Change	☐ Addition	}
NAME	MELLO, MARY CATHERINE	3.		NAME						
STREET ADDRESS 3211 MAPLE RUN			3.3 STREET AD		T ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL				ST-ZIP					1
TITLE		☐ DELETE	4.1	TITLE				Change	Addition	
NAME			4. 2 NAM		}					1
STREET ADDRESS			4.3 STRE		TADDRESS					ļ
CITY-ST-ZIP			4.4	CITY-S	T-ZIP					1
TITLE		☐ DELETE		TITLE				Change	Addition	-
NAME				NAME						
STREET ADDRESS			1		TADDRESS					-
CITY-ST-ZIP				CITY-S	T-ZIP	<u> </u>				\perp
πLE		☐ DELETE	- 1	TITLE				Change	: Addition	
NAME	,		- 1	NAME						
STREET ADDRESS			6.3	STREE	TADORESS					

64 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

407-826-0186