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

FILED Jun 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)BUSINESS COMPUTER PRODUCTS, INC. Mailing Address Principal Place of Business 413 OAK PLACE 413 OAK PLACE **BUILDING 24 BUILDING 2-I** PORT ORANGE FL 32127 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0151878 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name MAROVTICH, EVELYN 2653 SLOW FLIGHT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, 32124 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiary with, and accept the obligations of, Section 607.0505, Florida Statutes. d when roinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE 1.1 TITLE MAROVITCH, MARK NAME 12 NAME 2653 SLOW FLIGHT DR. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE MAROVITCH, EVELYN NAME 2.2 NAME 2653 SLOW FLIGHT DR. STREET ADDRESS 23 STHEET ADDRESS DAYTONA BEACH FL 2 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$T - ZIP CITY-ST-7IP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITL€ 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 of the receiver or furstee 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. Fuel w Manager 556/98 904 760-9300

5.4 CHY-\$1-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME Change

Addition

DELETE

CITY-ST-74P

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS