

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90071 014 \*\*\*150.00

DOCUMENT # L34656

1. Corporation Name

WALKABOUT COMPUTERS, INC.

Principal Place of Business

2655 NORTH OCEAN DRIVE  
SUITE 510  
SINGER ISLAND FL 33404  
US

Mailing Address

2655 NORTH OCEAN DRIVE  
SUITE 510  
SINGER ISLAND FL 33404-4751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1989

4. FEI Number

65-0162070

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HART, WILLIAM B  
1149 N HARBOR DR  
SINGER ISLAND FL 33404

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HART, WILLIAM B.  
STREET ADDRESS 1149 N HARBOR DR  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE DT ☐ DELETE

NAME HOGDAHL PER O  
STREET ADDRESS 735 ARDMORE RD  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DS ☐ DELETE

NAME PETROSKY, JR L  
STREET ADDRESS 3646 SW SUNSET TRACE CIRCLE  
CITY-ST-ZIP PALM CITY FL

TITLE D ☐ DELETE

NAME PAISLEY, DONALD  
STREET ADDRESS 1199 E. COLLEGE AVENUE  
CITY-ST-ZIP WESTERVILLE OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

3000 N. OCEAN DRIVE, SUITE 22H  
SINGER ISLAND, FL 33404

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/29/1999

(561) 881-9050

Date

Daytime Phone #

0322707

CR2E034 (11/98)