

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90011 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L65659**

1. Corporation Name  
**COMPUMEDIA, INC.**



Principal Place of Business <b>2100 CORPORATE SQUARE BLVD. SUITE 101 JACKSONVILLE FL 32216 US</b>	Mailing Address <b>2100 CORPORATE SQUARE BLVD. SUITE 101 JACKSONVILLE FL 32216 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1815 Corp. Sq. Blvd. Suite, Apt. #, etc. Suite 101 City &amp; State Jacksonville, FL Zip Country 32216 US</b>		2a. Mailing Address <b>26 1815 Corp. Sq. Blvd. Suite, Apt. #, etc. Suite 101 City &amp; State Jacksonville, FL Zip Country 32216 US</b>	3. Date Incorporated or Qualified <b>04/12/1990</b>
23. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b>		4. FEI Number <b>65-0192549</b> Applied For <input type="checkbox"/> Not Applicable	
24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		5. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHICKEL, JOHN J 136 E BAY ST JACKSONVILLE FL 32201</b>		10. Name and Address of New Registered Agent <b>81 Name James V. Walker 82 Street Address (P.O. Box Number is Not Acceptable) 217 Ponte Vedra Park Drive Suite 200 83 City Ponte Vedra Beach FL 85 Zip Code 32082</b>	
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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)

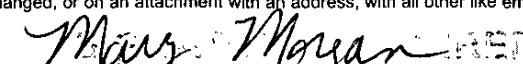
**FEB 22 1999**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHEEK, WAYNE J.</b>		1.2 NAME <b>Cheek, Wayne J.</b>	
STREET ADDRESS <b>3035 POWERS AVE STE 1</b>		1.3 STREET ADDRESS <b>1815 Corp. Sq. Blvd., Suite 101</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	
NAME <b>MORGAN, MARY E.</b>		2.2 NAME <b>Morgan, Mary E.</b>	
STREET ADDRESS <b>3035 POWERS AVE STE 1</b>		2.3 STREET ADDRESS <b>1815 Corp. Sq. Blvd., Suite 101</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP <b>Jacksonville, FL 32216</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

**02/19/99** **904-724-2424**  
Date Daytime Phone #

CR2E034 (11/98)