

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 26 AM 10:18

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000000294**  
**THE COMPUTER PEOPLE/INSTRUCTIONAL PRESENTATIONS., L.C.**  
P. O. BOX 56721  
JACKSONVILLE FL 32241-6721

1a. Principal Place of Business Address  
**4438 TYNE COURT**  
**JACKSONVILLE FL 32257**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified <b>03/04/1998</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>59-3497809</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>SCHMIDT, KARL A</b> <b>4438 TYNE COURT</b> <b>JACKSONVILLE FL 32257</b>	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>200002858292--0</b> Suite, Apt. #, etc. <b>04/30/99--01076--007</b> <b>****188.75 ****188.75</b> City <b>FL</b> Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (SOLE Registered Agent signature required when not a director)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHMIDT, KARL A	4438 TYNE COURT	JACKSONVILLE FL
MGRM	SCHMIDT, CHERYL A	4438 TYNE COURT	JACKSONVILLE FL
MGRM	FRIEND, ERNEST M	443 SELVA LAKES CIRCLE	ATLANTIC BEACH FL
MGRM	FRIEND, TIMARA E	443 SELVA LAKES CIRCLE	ATLANTIC BEACH FL

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Karla Schmidt* 4-21-99 904-633-8349