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

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NAME

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CITY-ST-ZIP

FILED Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M67121 (7) COMPUBOOK SYSTEMS, INC. Principal Place of Business Mailing Address C/O DENISE DRUDY C/O DENISE DRUDY 4303 SAN LUIS ST 4303 SAN LUIS ST DO NOT WRITE IN THIS SPACE **TAMPA FL 33629 TAMPA FL 33629** 3. Date Incorporated or Qualified 02/05/1988 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 59-2866639 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 6. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DRUDY, DENISE 4303 SAN LUIS ST 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** 83 RA 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE D 1.1 TALLE DRUDY, DENISE NAME 1.2 NAME 4303 W. SAN LUIS ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETÉ 2.1 TITLE ☐ Change X Addition TITLE DRUDY, THOMAS 2.2 NAME NAME SAN LUIS 4303 STREET ADDRESS 2.3 STREET ADDRESS 33629 CITY-ST-ZIP 2.4 CITY-ST-ZIP IAMPA DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE

6.2 NAME

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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.