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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M96780 (5) 1. Corporation Name COMPU-TECH/USA, INC.					
Principal Place of Business 4315 REDWOOD AVE. JACKSONVILLE FL 32207			Mailing Address 4315 REDWOOD AVE. JACKSONVILLE FL 32207-6443		
2. Principal Place of Business 21 704 Sandcastle Drive Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra Beach, FL Zip Country 24 32082-2724 25 USA		2a. Mailing Address 26 704 Sandcastle Drive Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip Country 29 32082-2724 30 USA		3. Date Incorporated or Qualified 09/01/1988 3a. Date of Last Report 05/02/1996 4. FEI Number 59-2905830 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIVINGSTON, ART 4315 REDWOOD AVE. JACKSONVILLE FL 32207			10. Name and Address of New Registered Agent 81 Name Arthur O. Livingston 82 Street Address (P.O. Box Number is Not Acceptable) 704 Sandcastle Drive 83 84 City Ponte Vedra Beach FL 85 Zip Code 32082-2724		
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 <i>Arthur O. Livingston</i> Arthur O. Livingston, Registered Agent April 28, 1997 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE DVT NAME LIVINGSTON, MARTHA STREET ADDRESS 4315 REDWOOD AVE. CITY-ST-ZIP JACKSONVILLE FL 32207			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 704 Sandcastle Drive 1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082-2724		
TITLE <input type="checkbox"/> DELETE DCP NAME LIVINGSTON, ART STREET ADDRESS 4315 REDWOOD AVE. CITY-ST-ZIP JACKSONVILLE FL 32207			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 704 Sandcastle Drive 2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082-2724		
TITLE <input type="checkbox"/> DELETE SM NAME LIVINGSTON, ART STREET ADDRESS 4315 REDWOOD AVE. CITY-ST-ZIP JACKSONVILLE FL 32207			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 704 Sandcastle Drive 3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082-2724		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. 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 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.					
SIGNATURE: <i>Arthur O. Livingston</i> Arthur O. Livingston, Pres./DCP 4-28-97 904/273-5225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CR2E034 (9/96)