

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

**FILED**

**May 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21686 (1)**

1. Corporation Name  
**COMTEL COMPUTER CORP.**



Principal Place of Business <b>6272 W 91ST AVE WESTMINSTER CO 80030 US</b>	Mailing Address <b>6272 W 91ST AVE WESTMINSTER CO 80030 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>11/08/1988</b>	
4. FEI Number <b>84-1095391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUDELL, LARRY F</b>	1.2 NAME	
STREET ADDRESS	<b>6272 W 91ST AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTMINSTER CO 80030</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>ASST. SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRAPP, TERRANCE</b>	2.2 NAME	<b>LARRY L. LINENSCHMIDT</b>
STREET ADDRESS	<b>6272 W 91ST AVE</b>	2.3 STREET ADDRESS	<b>27501 SW PARKWAY AVE</b>
CITY-ST-ZIP	<b>WESTMINSTER CO 80030</b>	2.4 CITY-ST-ZIP	<b>WILSONVILLE OR 97070</b>
TITLE	<b>CEO</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>ASST. D/CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEARNS, RICHARD</b>	3.2 NAME	<b>ROBERT D CAMPBELL</b>
STREET ADDRESS	<b>27501 SW PARKWAY AVE</b>	3.3 STREET ADDRESS	<b>27501 SW PARKWAY AVE</b>
CITY-ST-ZIP	<b>WILSONVILLE OR 97090</b>	3.4 CITY-ST-ZIP	<b>WILSONVILLE OR 97070</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERSTNER, PHILLIP L</b>	4.2 NAME	
STREET ADDRESS	<b>27501 SW PARKWAY AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILSONVILLE OR 97090</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TWIFORD, MARLANE</b>	5.2 NAME	
STREET ADDRESS	<b>6272 W 91ST AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTMINSTER CO 80030</b>	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.

*Marlane K Twiford* *Shelley* *(272) 420-9300*

CP2E034 (10/97)