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FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90009 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998/9		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21686 (1)

1. Corporation Name
COMTEL COMPUTER CORP.



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

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		11/08/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				84-1095391	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			
				FL			

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUDELL, LARRY F			1.2 NAME			
STREET ADDRESS	6272 W 91ST AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WESTMINSTER CO 80030			1.4 CITY-ST-ZIP			
TITLE	DCO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBERT D CAMPBELL			2.2 NAME	MATTHEW D SAMWICK, ESQ		
STREET ADDRESS	27501 SW PARKWAY AVE			2.3 STREET ADDRESS	621 SW MORRISON SUITE 1200		
CITY-ST-ZIP	WILSONVILLE OR 97070			2.4 CITY-ST-ZIP	PORTLAND OR 97205		
TITLE	COO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KATHLEEN R...			3.2 NAME	CATHERINE K BOSHAW		
STREET ADDRESS	27501 SW PARKWAY AVE			3.3 STREET ADDRESS	17735 NE 65th STREET		
CITY-ST-ZIP	WILSONVILLE OR 97070			3.4 CITY-ST-ZIP	REDMOND WA 98052		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARRY L EINENSMIDT			4.2 NAME			
STREET ADDRESS	27501 SW PARKWAY AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WILSONVILLE OR 97090			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TWIFORD, MARLANE			5.2 NAME			
STREET ADDRESS	6272 W 91ST AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WESTMINSTER CO 80030			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	JOHN BRICE		
STREET ADDRESS				6.3 STREET ADDRESS	10742 NE HALSEY		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	PORTLAND OR 97220		

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.

SIGNATURE *Marlane K Twiford* *Marlane K Twiford* 4/20/99 6272 W 91st Ave