

SENT BY: CFWESC-FAXROOM

1-23-98 10:48AM :CARLTON, FIELDS-1

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P27329 1. Corporation Name COMPUTER HOLDINGS CORPORATION			
Principal Place of Business 1500 N.Dale Mabry Hwy. Tampa, FL 33607		Mailing Address 1500 N.Dale Mabry Hwy. Tampa, FL 33607	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/15/1989		4. FEI Number 13-3429708	
5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		8. Name and Address of Current Registered Agent CT Corporation System 1200 So. Pine Island Road Plantation, FL 33324	
9. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code		10. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.	
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hyatt, Kenneth E. 1500 N.Dale Mabry Hwy. Tampa, FL 33607	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD Fjelstul, Dean M. 1500 N.Dale Mabry Hwy. Tampa, FL 33607	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Hult, Frank A. 1500 N.Dale Mabry Hwy. Tampa, FL 33607	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Porter, Edward A. 1500 N.Dale Mabry Hwy. Tampa, FL 33607	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Snow, Mary C. 1500 N.Dale Mabry Hwy. Tampa, FL 33607	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	8000002498955 -04/24/98--01003--015 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Eisch, Cynthia B. 1500 N. Dale Mabry Hwy. Tampa, FL 33607	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 4.23

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 of this report.

SIGNATURE: By Cynthia B. Eisch **Asst. Treasurer** April 15, 1998 (813) 871-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1000740202