


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

0387

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90081 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P27329</b>					
1. Corporation Name <b>COMPUTER HOLDINGS CORPORATION</b>					
Principal Place of Business <b>1500 NORTH DALE MABRY HIGHWAY TAMPA FL 33607</b>			Mailing Address <b>1500 NORTH DALE MABRY HIGHWAY TAMPA FL 33607</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1989</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>13-3429708</b>	
22 City & State		27 <b>Tax-Dept. 7-East</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 City & State		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HYATT, KENNETH E				
STREET ADDRESS	1500 N. DALE MABRY HWY.				
CITY-ST-ZIP	TAMPA FL 33607				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	FJELSTUL, DEAN M				
STREET ADDRESS	1500 N. DALE MABRY HWY.				
CITY-ST-ZIP	TAMPA FL 33607				
TITLE	VPT	<input type="checkbox"/> DELETE			
NAME	HULT, FRANK A				
STREET ADDRESS	1500 NORTH DALE MABRY HIGHWAY				
CITY-ST-ZIP	TAMPA FL 33607				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PORTER, EDWARD A				
STREET ADDRESS	1500 N. DALE MABRY HWY.				
CITY-ST-ZIP	TAMPA FL 33607				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	EISCH, CYNTHIA B				
STREET ADDRESS	1500 NORTH DALE MABRY HWY				
CITY-ST-ZIP	TAMPA FL 33607				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	SNOW, MARY C				
STREET ADDRESS	1500 N DALE MABRY HWY				
CITY-ST-ZIP	TAMPA FL 33607				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 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					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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 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, with all other like empowered.

SIGNATURE: By/ COMPUTER HOLDINGS CORPORATION ASST. Treasurer

1/29/99

(813)871-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

240261-90081-38  
p27329

July 22, 1998

COMPUTER HOLDINGS CORPORATION  
1500 North Dale Mabry Highway  
Tampa, Florida 33607

(Subsidiary of Walter Industries, Inc.)

Employer Identification Number 13-3429708

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DIRECTORS:

Dean M. Fjelstul  
Kenneth E. Hyatt

OFFICERS:

	<u>TITLE:</u>
Kenneth E. Hyatt	President
Dean M. Fjelstul	Vice President and Controller
Frank A. Hult	Vice President and Treasurer
Edward A. Porter	Secretary
Mary C. Snow	Assistant Secretary
Cynthia B. Eisch	Assistant Treasurer
Stephen H. Foxworth	Assistant Treasurer

Incorporated in Delaware September 8, 1987.

Registered Agent: The Corporation Trust Company  
Corporation Trust Center  
1209 Orange Street  
Wilmington, DE 19801