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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P37530 1. Corporation Name

COMPERIPHERALS, INC.

OOM CIM HEIMES WA

Principal Place of Business 4501 MANATEE AVE W #142 BRADENTON FL 34209 Mailing Address

4501 MANATEE AVE W #142 BRADENTON FL 34209

## FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90002 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Mailing Address   3. Mail						02/17/1992			
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
27	21	26			51-0252969		No	t Applicable	
Cty & State  State	¬ *, * *, *		<b>⊢</b>	Suite, Apt. #, etc.		5. Certifcate of Status Desired		T	
28						6 Startion Compaign Financing		\$5.00	May Bo
2p   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Name and Address of Current Registered Agent   S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   S. Name and Address of New Registered Agent   S. Name Agent Address of New Registered Agent   S. Name Address (P.O. Box Number is Not Acceptable)   S. Name Address of New Registered Agent   S. Name Address of New Registered Agent   S. Name Address of New Registered Agent   S. Name Address (P.O. Box Number is Not Acceptable)   S. Name Address (P.O. Box Number is Not Acceptable)   S. Name Address (P.O. Box Number is Not Acceptable)   Name Address of New Registered Agent   S. Name Address (P.O. Box Number is Not Acceptable)   Name Address (P	¬ • · · · · · · · · · · · · · · · · · ·								- 1
S				Country			rent year Int:		
SHAH GAUTAM 4501 MANATEE AVE, WEST #142 BRADENTON FL 34209  82 Street Address (R.O. Box Number is Not Acceptable)  83 Street Address (R.O. Box Number is Not Acceptable)  84 City FL S 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 agent. are minimizer with, and accept the obligations of Sections 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The minimizer with, and accept the obligations of Sections 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The minimizer with, and accept the obligations of Section 07.0505, Florida Statutes.  SIGNATURE    Open				<del></del>	1 2. 11110 001 portains		Torit your mit		□No
SHAH GAUTAM 4501 MANATEE AVE., WEST #142 BRADENTON FL 34209  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  8	24			30			Registered /	Agent	· · · ·
### STREET ADDRESS  ### CITY ### STREET ADDRESS  ### CITY ### A BRIDLEBROOK LANE  ### A BRIDLEBROOK LA		5. Name and Address of Content	t regional riggins	81	Name		<u> </u>		
### STREET ADDRESS  ### CITY ### STREET ADDRESS  ### CITY ### A BRIDLEBROOK LANE  ### A BRIDLEBROOK LA									
BRADENTON FL 34209    84   City					82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Flortds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Flortda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flortda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent or professor agent agent or government as registered agent age				83		シングラング (1977年) 1000 (1977年) 1	1014012013	(1) 2.31 (3.50)	Sil 2 (8) (19 V)
State   City   Comment   City   Cit								思門城。徐紹維維	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Fileday accept the displation of Section 607/0505, Florida's Statutes.  SIGNATURE    12.				84	City			85 Zip C	Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Fileday accept the displation of Section 607/0505, Florida's Statutes.  SIGNATURE    12.	A. 6 Jan 1 4000				L		F L	shanning its	sociatorod
Signature, types or printed rampe of resplaceds agent and time if applicables.   NOPER Regretative required when terrolativing variety with retrotables in the restriction of the printed sequence of the restriction of the	office or r	enistered agent or both in the State (	of Florida. Such change was au	itnorizea by	the corporati	poration submits this statement for the ion's board of directors. I hereby acce	pt the appoir	ntment as reg	gistered
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE		ANOTE:	Pagistared Ass	nt cionatura requir	red when reinstating)	DATE		}
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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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify	14. 1 hereby	I certify that the information supplied with	th this filing does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes	. I further cer	tify that the i	nformation

4. 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:

ATURE AND TYPED OR PRINTED AAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(2E034 (11/98)