

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000011346 (3)**

1. Corporation Name
THE COMPUTER FACTORY INC.

Principal Place of Business 237 S. WESTMONTE DRIVE SUITE 235 ALTAMONTE SPRINGS FL 32714	Mailing Address 237 S. WESTMONTE DRIVE SUITE 235 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 237 S. WESTMONTE DR		2a. Mailing Address 237 S. WESTMONTE DR.		3. Date Incorporated or Qualified 12/10/1992	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. A SUITE 200		4. FEI Number 59-3154455	
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32714		Zip 32714		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country SEMINOLE		Country SEMINOLE		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COCHRANE, NOEL
1033 PINE SHADOW DRIVE
APOPKA FL 32712**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, TODD	1.2 NAME	
STREET ADDRESS	1391 BARBIZON COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32708	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRANE, BETTY	2.2 NAME	
STREET ADDRESS	1033 PINESHAADOW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRANE, NOEL	3.2 NAME	
STREET ADDRESS	1033 PINESHAADOW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: *BETTY COCHRANE* **BETTY COCHRANE** 4/20/98 14071682-7774

CR2E034 (10/97)