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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011311

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90014 019 ***150.00

COMPUT	ta tune, inc.										
Principal Place of Business Mailing Address						- I \$\$\$\$1000 118 19189 11411 80113 01	iti deni deni de		1187 11881 1784 1881		
3200 SW 34 ST GAINESVILLE F			00 SW 34 STREET AINESVILLE FL 32608				DO NOT WR	ITE IN THIS	SPACE		
				_			3. Date Incorporated or Qualifed 02/08/1993				
2. Principal P	Place of Business	2a	. Mailing Address				4. FEI Number	_		Applied For	
21		26				_	<u>59-31669</u> 60	_		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country		Zip	Cou	ntry		8. This corporation owes the cur	rønt year Int	angible	_	
24	25	29		30			Personal Property Tax.	_	☐ Yes_	⊠ No	
	9. Name and Address	ss of Current Regis	stered Agent				10. Name and Address of New	Registered .	Agent		
con	אסט ווורע				81	Name					
GODDARD, LUCY 5608 NW 43 STREET				82	Street Addre	Address (P.O. Box Number is Not Acceptable)					
GAIN	NESVILLE FL 32606				83						
					84	City		FL	85 Zi	p Code	
office or r	to the provisions of Secti- registered agent, or both, am familiar with, and acce	in the State of Florid	đa. Such change was a	authorized	l by th	named corpo ne corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its registered registered	
SIGNATURE											
	Signature, typed or printed name of				Agent s	signature required		DATE		TODD IN 40	
12.	Signature, typed or printed name of OF	of registered agent and title FFICERS AND DIRE	ECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OF				
12.	Signature, typed or printed name of OF			13. 1.1 Til	ī.E	signature required			ID DIREC		
12. TITLE NAME	Signature, typed or printed name of OF PD WILLIS, GARY E		ECTORS	13. 1.1 Til 1.2 NA	TLE .ME						
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name OF PD WILLIS, GARY E 4030 NW 17 AVE	FFICERS AND DIRE	ECTORS	13. 1.1 Til 1.2 NA 13 ST	LE IME REET A	DORESS					
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name OF PD WILLIS, GARY E 4030 NW 17 AVE	FFICERS AND DIRE	ECTORS	13. 1.1 TH 1.2 NA 13 ST 1.4 CF 2.1 TH	LE IME REET A IY-ST-;	DORESS				e Addition	
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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: