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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS P93000053782 (7) DOCUMENT # 1. Corporation Name

FILED Apr 16 1998 8:00am Secretary of State

USER	PHIENUL	YC	OMPUTING, IN	iC.										
Principal Place of Business Mailing Address								-		İ	L SOMETHINE TIM ERINED DELLE MODITI MATIT RATIO MATIN			19110 1101 1001
2024 ARDLEY CT 2024 ARDLEY CT														
N PALM BEACH FL 33408 N PALM BEACH FL 33408										1				
										DO NOT WRITE IN THIS SPACE				
		· —								3.	Date Incorporated or Qualified 08/02/1993			
2. Principal Place of Business					2a. Mailing Address					4.	FEI Number		F	Applied For
21				26					***************************************	<u> </u>	65-0429038			lot Applicable
Suite, Apt.	#, etc			Suite, Apt. #, etc.						5.	Certificate of Status Desired			Additional
City & Stat	<u> </u>		· · · · · · · · · · · · · · · · · · ·	City & State										Required
23				 - '					6.	Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country			281	Zip Co			ountry						to Fees
24		· · · · · · · · · · · · · · · · · · ·	29						В.	This corporation owes or has paid the Personal Property Tax due June 30.		•	ntangible No	
	9, Name and Address (Current Registered Agent			1			10.	Name and Address of New Register			
LA	SHENKA,	PETE	R						Name			-		
2024 ARDLEY CT									Comment And description	O for North and I was a state of	io			
	PALM BEA								Street Addres	SS (P	P.O. Box Number is Not Acceptable)			
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•							84	١ '	City		F	⋷∟ऻ ^ॱ	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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													anging itment a	its registered s registered
SIGNATURE														
ļ 	Signature, type	d or the	ited name of registered agr		·· ·· · · · · · · · · · · · · · · · ·		~	ol:	signature required					
12.	PD		OFFICERS AN	D DIREC			3.			- /	ADDITIONS/CHANGES TO OFFICERS A			
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NAME					ال المدادة		1 TITLE						i cuaning B	☐ Manifold
							2 NAME		- Parcon					
STREET ADDRESS							3 STREET							
CITY-ST-ZIP						6	4 CITY - S	1 - 2	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 empoyered 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.

4-11-98 (54)796-2971