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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076016 (3)**

1. Corporation Name
COMPUTER OPTIONS GROUP, INC.

Principal Place of Business	Mailing Address
6034 CHESTER AVE SUITE 205 JACKSONVILLE FL 32217	6034 CHESTER AVE SUITE 205 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business 21 4221 Baymeadows Rd	2a. Mailing Address 26 4221 Baymeadows RD
Suite, Apt. #, etc 22 2	Suite, Apt. #, etc 27 2
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip / Country 24 32217 / 25 USA	Zip / Country 29 32217 / 30 USA

4. FEI Number: 59-3212115 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	MILAND, JOHN	12 NAME	
STREET ADDRESS	4345 LAKE WOODBOURNE DRIVE SOUTH	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	MILAND, BARBARA L.	22 NAME	
STREET ADDRESS	4345 LAKE WOODBOURNE DRIVE SOUTH	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	VPS	31 TITLE	VPS ☒ Change ☐ Addition
NAME	MILAND, BARBARA L.	32 NAME	PRICE, MARK
STREET ADDRESS	4345 LAKE WOODBOURNE DRIVE SOUTH	33 STREET ADDRESS	6230 BIZEN RD
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	JACKSONVILLE, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 exception.

SIGNATURE: [signature] 6/18/95 (407)630-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010007 CP