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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000076766 (3)

BITS PER SECOND, INC. Principal Place of Business Mailing Address 8574 N STATE RD/ 7 6574 N STATE RD. 7 **SUITE 223 SUITE 223** COCONUT CREEK FL 33073 DO NOT WRITE IN THIS SPACE COCONUT CREEK FL 33073 3. Date Incorporated or Qualified 10/29/1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0456016 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 ☐ No 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COHEN, MARK D 121 SE FIRST ST Street Address (P.O. Box Number is Not Acceptable) **STE 600** 83 **MIAMI FL 33131** 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** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President TITLE Change Addition 1.1 TITLE Beyer lein, Alvin G Jr BEYERLEIN, ALVIN G JR NAME 1.2 NAME % 6574 N. STATE Rd 7 #223 % 6574 N STATE RD. 7 #223 STREET ADDRESS 1.3 STREET ADDRESS Cocoput Creek FL COCONUT CREEK FL 33073 CITY-ST-ZIP 1.4 City-\$1-7iP TITLE DELETE Change Addition 2.1 THLE PEREZ, ISRAEL NAME 2.2 NAME % 6574 N STATE RD. 7 #223 STREET ADDRESS 2.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition SELLARS, STEVE NAME 3.2 NAME % 6574 N STATE RD. 7 #223 STREET ADDRESS 3.3 STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 34. CITY - ST - ZIP ☐ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADURESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 roport 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 recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an addiess.

6.3 STREET ADDRESS

1449

FILED

Jan 30 1998 8:00am

Secretary of State