FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORAT[illegible] ANNUAL RE[illegible] 1997

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FILED
97 APR 18 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004688

1. Corporation Name
Computer Technical International

Principal Place of Business | Mailing Address

1097-7971

3. Date Incorporated or Qualified	3a. Date of Last Report
01-94	

2. Principal Place of Business 21: 14717 85th Rd N.	2a. Mailing Address 26: Same
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Loxahatchee Fl.	City & State 28:
Zip 24: 33470 / Country 25: USA	Zip 29: / Country 30:

4. FEI Number: 650460502 — ☐ 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

[redacted]

Martin Anderson
14717 85th Rd N.
Loxahatchee, Fl. 33470

10. Name and Address of New Registered Agent

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 [signature] Martin Anderson ____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Martin Anderson	1.2 NAME	1000021506 11---7
STREET ADDRESS	14717 85th Rd N.	1.3 STREET ADDRESS	-04/22/97--01051--015
CITY-ST-ZIP	Loxahatchee Fl. 33470	1.4 CITY-ST-ZIP	****565.00 ****565.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1000021506 11---7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-04/22/97--01051--017
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	*****8.75 *****8.75
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: [signature] Martin Anderson 4-4-97 561 385-7273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

page 2 of 2

4.4.97

Dear Leslie,

Here is my Form. As per our Phone Conversation I never Received this form Before so Please Reinstate the Company. Thank You

Jonathan Anderson

Computer Technical Intl.
14717 85th Rd N.
Loxahatchee, Fl.
33470