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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026464 (5)
1. Corporation Name
COMPUVAC SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED
Apr 28 1997 8:00am
Secretary of State



1985 CATTLEMI UNIT C SARASOTA FL		1985 CATTLEMEN RD Unit C Sarasota Fl 34232-8258												
									3. Date Incorporated or Qualified 04/04/1994 3a. Date of Last Report 05/01/1996				port	
2. Principal P	lace of Business	2a. Mailing Address 26				4.	4. FEI Number 65-0489274				Applied For Not Applicable			
Suite, Apt 22	#, elc.	Suite, Apt. #, etc.				5.	Certificate of St	atus Desired		\$8.75 Additional Fee Required				
City & State 23		City & State					Election Campa Trust Fund Conf		\$5.00 May Be Added to Fees					
Zip 24	25 C		Country 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes							
ļ		Address of Current	Registered /	Agent		.		10.	Name and Add	ress of New Res	pistered /	Agent		
	THEWS, TEREN	CE			В	1 N	lame							
5190 26TH ST W Suite D						<u> </u>	Street A	ddress (P.	O. Box Number	is Not Acceptab	le)			
BRAI	DENTON FL 342	207			8	3								
					8		City	• • • • • • • • • • • • • • • • • • • •			FL		Zip C	
11. Pursuant	to the provisions o	Sections 607.0502	and 607 150	8, Florida Statute	s, the abo	ve-n	amed c	orporation	submits this st	atement for the pi	urpose of	changi	ng its	registered
agent. La	ım familiar with, an	f Sections 607.0502 c both, in the State o d accept the obligat	ons of, Section	on 607.0505, Floi	umonzea i rida Statut	oy τη es.	e corpo	oration's D	oard or directors	s. I nereby accep	t the appo	ointmer	nt a s r	egistered
SIGNATURE														
	Signature: typed or printe	of name of registered agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	: Registered A	gent s	ignature n		-		DATE			
12.	P	OFFICERS AND	DIRECTORS		13.			A	DDITIONS/CHA	NGES TO OFFICI				
TIFLE	1 •	^		₩ D€LETE	1.1 TITLE			P	_			☐ Cha	nge	Addition
NAME	LUBKEY, CRAN				1.2 NAM	E		RICH	ARB G	LANZ				
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TIFLE				☐ DELETE	21 TITLE		-					☐ Cha	nge	☐ Addition
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1					5.2 NAME		DECC							
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STREET ADDRESS					6.2 NAME		0000							
					6.3 STREI		- 1							
CITY - ST - ZIP					6.4 CITY-	\$1- <i>Z</i> II	P							

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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-18-97 941-379-0550