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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADORESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400026464 (5)

COMPUVAC SYSTEMS, INC.

Principal Place of Business Mailing Address 1985 CATTLEMEN RD 1985 CATTLEMEN RD UNIT C UNIT C DO NOT WRITE IN THIS SPACE SARASOTA FL 34232 SARASOTA FL 34232 3. Date Incorporated or Qualified 04/04/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 780 APEX ROAD 780 Not Applicable ROAO 65-0489274 26 Suile, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 8. Election Campaign Financing SARASOTA Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible *34240* 24 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 MATTHEWS, TERENCE 5190 26TH ST W 82 Street Address (P.O. Box Number is Not Acceptable) SUITE D 83 **BRADENTON FL 34207** 84 City 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, typed or printed name of regercied agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE **GLANZ, RICHARD** NAME 1.2 NAME 1985 CATTLEMEN RD., UNIT C STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Addition TITLE 2.1 TITLE Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 Cily-S1-ZiP DELETE Change Addition TITLE 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 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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

c/1160

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FILED

Jun 18 1998 8:00am

Secretary of State