

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90036 040 \*\*\*150.00

DOCUMENT # P94000031289

1. Corporation Name  
COMPUMEDIA CENTER, INC.

Principal Place of Business

1980 N. ATLANTIC AVE.  
108  
COCOA BEACH FL 32931  
US

Mailing Address

1980 N. ATLANTIC AVE.  
108  
COCOA BEACH FL 32931  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/22/1994

4. FEI Number

59-3237602

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 755 ACORN ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 755 ACORN ST.  
Suite, Apt. #, etc.

City & State

23 MERRITT ISLAND, FL

City & State

28 MERRITT ISLAND, FL

Zip

24 32952 25 US

Zip

29 32952 30 US

9. Name and Address of Current Registered Agent

VALDEZ, ELIAS R  
755 ACORN STREET  
MERRITT ISLAND FL 32952

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

*Elias R. Valdez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE  
NAME VALDEZ, ELIAS R  
STREET ADDRESS 755 ACORN STREET  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE V ☐ DELETE  
NAME VALDEZ, ELSA P  
STREET ADDRESS 755 ACORN ST.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Elias R. Valdez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98  
Date

407-444-9994  
Daytime Phone #

CR2E034 (1/98)

0115128