

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  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90007 028 \*\*\*150.00

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1. Corporation Name

COMPUTER NETWORK ENTERPRISES, INC.

Principal Place of Business

1983 MAHAN DRIVE  
SUITE 201  
TALLAHASSEE FL 32308  
US

Mailing Address

325 JOHN KNOX RD., SUITE D-100  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

4. FEI Number

59-3253969

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

9. Name and Address of Current Registered Agent

FULLER, BENJAMIN R  
325 JOHN KNOX RD., SUITE D-100  
TALLAHASSEE FL 32303

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	FERRELL, DOUGLAS	3123 LOUISE STREET	TALLAHASSEE FL	<input type="checkbox"/>
D	ROCCANTI, KIMBERLY R	4381 KIMBERLY CIR	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	ROSS, JANICE	P.O. BOX 38023 N/A	TALLAHASSEE FL 32315	<input type="checkbox"/>
D	OWEN, IDWAL HUGH	1350-E4 MAHAN DRIVE, STE 380	TALLAHASSEE FL 32308	<input type="checkbox"/>
P	ROSS, ROBERT	PO BOX 38023 NA	TALLAHASSEE FL	<input type="checkbox"/>
V	ROCCANTI, RICHARD J.	4381 KIMBERLY CIR	TALLAHASSEE FL 32308	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 information empowered.

SIGNATURE:

*Kimberly R. Roccati*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99  
Date

Daytime Phone #