

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -1 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077203 (5)

1. Corporation Name  
RTP CORP.

Principal Place of Business  
2900 GATEWAY DRIVE  
POMPANO BEACH FL 33069

Mailing Address  
2900 GATEWAY DRIVE  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1994  
3a. Date of Last Report N/A

4. Filing Number 65-0535690  
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. 189.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address/o Computer Products

21 7900 Glades Rd. Suite, Apt. #, etc. 26 7900 Glades Rd. Suite, Apt. #, etc.

22 City & State 27 Suite 500 City & State

23 Boca Raton, FL 28 Boca Raton, FL

24 Zip Country 25 33434 29 33434 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | C/D                        |
| NAME            | Joseph M. O'Donnell        |
| STREET ADDRESS  | 7900 Glades Rd, Ste 500    |
| CITY - ST - ZIP | Boca Raton, FL 33434       |
| TITLE           | P                          |
| NAME            | Salvatore R. Provanzano    |
| STREET ADDRESS  | 2900 Gateway Drive         |
| CITY - ST - ZIP | Pompano Beach, FL 33069    |
| TITLE           | V/S/T/D                    |
| NAME            | Richard J. Thompson        |
| STREET ADDRESS  | 7900 Glades Road, Ste 500  |
| CITY - ST - ZIP | Boca Raton, FL 33434       |
| TITLE           | AS                         |
| NAME            | David I. Libow             |
| STREET ADDRESS  | 7900 Glades Road, Ste. 500 |
| CITY - ST - ZIP | Boca Raton, FL 33434       |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information reported 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as checked, or on an amendment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

David I. Libow

2-15-95 407-451-1026