FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078187 (9)

1. Corporate Name

COMPUTROL MANUFACTURING CORPORATION

Principal Address

6464 126 AVE N #8
LARGO FL 34643

Mailing Address

6464 126 AVE N #8
LARGO FL 34643

3. Date Incorporated or Qualified: 10/24/1994

3a. Date Of Last Report:

2. Principal Address (21)

2a. Mailing Address (26)

Suite Apt. # or P.O. Box (22)

Suite Apt. # or P.O. Box (27)

City, State (23)

City, State (28)

24 25 29 30

4. FEI Number: 59-3288083

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. The corporation is liable for intangible tax under s. 607.1107 Florida Statutes. [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

LOVELL, WILLIAM P
6464 126 AVE N #8
LARGO FL 34643

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 Section 607.0505 of the 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 hereby agree to comply with the provisions of Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P/T/S
William P. Lovell
4900 Brittany Dr. S., #1809
St. Petersburg, FL 33715

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [✓] Add

P/T/S
William P. Lovell
4900 Brittany Dr. S., #1809
St. Petersburg, FL 33715

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information supplied with this report, including any changes, is true and accurate and that this report is being filed within the time prescribed by Section 607.1622, Florida Statutes. I further certify that I am a director or officer of the corporation or a person authorized by the corporation to execute this report on its behalf. I understand that the signature appearing below is subject to the penalties of perjury as provided in Section 837.012, Florida Statutes.

SIGNATURE: William P. Lovell — William P. Lovell — 4/27/95 — 813 532-0878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0302607 CP