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

PROFIT CORPORATION ANNUAL REPORT

1998



THORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090757 (3)

COMPUTER PROJECTION SYSTEMS, INC.

## FILED Apr 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
4111 SW 47T	TH AVE	4111 SW 47TH AVE	4111 SW 47TH AVE			
STE 335		STE 335	\$TE 335			DO NOT WINTE IN TURO OPAGE
DAVIE FL 33:	314	• • • • • • • • • • • • • • • • • • • •	DAVIE FL 33314 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
03		03				12/14/1994
2. Principal P	lace of Business	2a. Mading Address	2a. Mailing Address			4. FEI Number Applied For
21		26				<b>65-6538481</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	}····¬			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & Stat			City & State			6. Election Campaign Financing \$5.00 May Be
23	•	F '	28			Trust Fund Contribution
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30	·		Personal Property Tax due June 30. X Yes No
		Current Registered Agent		1		10. Name and Address of New Registered Agent
BARTER, CYRIL P					Name	
	O GLENWOOD LANE		82 Street Ad			Address (P.O. Box Number is Not Acceptable)
	ANTATION FL 33317		BZ   Street A			Aniaros (i .c. por manipor la mor noceptació)
				83		
				84	City	FL 85 Zip Code
11 Purcuent	to the provinions of Sections (	607 0502 and 607 1508 Evaida Stat	utos the a	L	-named	
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.						
l	am familiar with, and accept th	ic obligations of, Section 607.0505, I	Horida Sta	lules		
SIGNATURE Signature: typed or print diname of registered agent and tall if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE  Control of the c						
12.	OFFICE	ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>	DELETE	1.1.1	IILF		Change Addition
NAME	BARTER, PAUL		1.2 NAME			
STREET ADDRESS				TREFT	ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 0	1.4 CITY-ST		
TITLE		☐ DELET <b>E</b>	211	21 TITLE		DIRECTUR Change Addition
NAME			2.2 N	2.2 NAME		MELINDA ZISSER
STREET ADDRESS			2.3 S	TREET	ADDRESS	73d9 CW NINTH COURT
CITY-ST-ZIP			2. 4 Ct		T-21P	DIRECTUR Change Maddition  MELINDA ZISSER  7349 SW NINTH COLLET  PLANTATION, FL. 33317
TITLE		DELET <b>E</b>	3.1 1	ΠLF		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	address	
CITY-ST-ZIP			3.4. (	DITY-S	1-71P	
TITLE		DETEJE	4.1 3	IILE		Change Addition
NAME			4.21	NAME		
STREET ADORESS			4.3 S	TREET.	ADDRESS	
CITY-ST-ZIP		·	4.4 0	IIY-S	I - ZIP	
TITLE		DELETE	5.1 7	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			<b>5.3</b> S	TREET.	ADDRESS	
CITY-ST-ZIP			5.4 C	IIY-S1	1 - <b>2</b> 1P	
TITLE		DELETE	6.11	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$	TREET.	ADDRESS	
CITY-ST-ZIP			6.4 C	1Y - S1	I - 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 13 if changed, or on an attachment with an address

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