

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090757

1. Corporation Name
COMPUTER PROJECTION SYSTEMS, INC.

Principal Place of Business 4111 SW 47TH AVE STE 335 DAVIE FL 33314 US	Mailing Address 4111 SW 47TH AVE STE 335 DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

65-6538481-65-0558481

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 3801 SW 47th Ave

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 Suite # 504

City & State

23 Davie FL

Zip

24 33314

Country

25 USA

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BARTER, CYRIL P
620 GLENWOOD LANE
PLANTATION FL 33317

10. Name and Address of ~~Now~~ Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3801 SW 47th Ave.

84 SUITE 504

85 City DAVIE

FL

86 Zip Code 33314

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	P	<input type="checkbox"/> DELETE
NAME	BARTER, PAUL	
STREET ADDRESS	4111 SW 47TH AVE	
CITY-ST-ZIP	DAVIE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZISSER, MELINDA	
STREET ADDRESS	7349 SW 9TH CT	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Barter	
1.3 STREET ADDRESS	3801 SW 47th Ave., Suite 504	
1.4 CITY-ST-ZIP	DAVIE, FL 33314	

2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zisser Melinda	
2.3 STREET ADDRESS	7349 SW 9th Ct	
2.4 CITY-ST-ZIP	Plantation FL 33317	

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 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: * Paul Barter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/7/99 (954) 792-9921

Date

Daytime Phone #

CR2E034 (11/98)