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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #1. Corporation Name P95000084299 (3)

COMPUTEMP OF MIAMI, INC.

Principal Place of Business	
29 CAYUGA ROAD	

SIGNATURE:

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



29 CAYUGA ROAD SEA RANCH LAKES FL 33308 SEA RANCH LAKES FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1995 2a. Mailing Address 4. FEI Number Applied For 65-0622304 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DETTMAN, DOUGLAS R 29 CAYUGA ROAD Street Address (P.O. Box Number is Not Acceptable) SEA RANCH LAKES FL 33308 83 84 City 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) CR2E034 (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PRESIDENT Change TITLE 1.1 TITLE DETTMAN, DOUGLAS R 7LEMING NAME 1.2 NAME BARBARA 29 CAYUGA ROAD STREET ADDRESS 1.3 STREET ADDRESS **SEA RANCH LAKES FL 33308** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE RUBIN, CAROLYN D 22 NAME NAME 520 ROOKWOOD PLACE 2 3 STREET ADDRESS STREET ADDRESS CHARLOTTESVILLE VA 22901 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITL F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 occupior 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 attachmon with an address.