

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90034 021 ***150.00

DOCUMENT # P95000085466

1. Corporation Name
COMPUTER WELLNESS, INC.

Principal Place of Business
14220 SUMMERSVILLE PLACE
DAVIE FL 33325

Mailing Address
14220 SUMMERSVILLE PLACE
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number
65-0625296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, WILLIAM B
14220 SUMMERSVILLE PLACE
DAVIE FL 33325

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MCCARTHY, WILLIAM B
STREET ADDRESS 14220 SUMMERSVILLE PLACE
CITY-ST-ZIP DAVIE FL 33325
☒ DELETE

1.1 TITLE PRESIDENT
1.2 NAME TERRI MCCARTHY
1.3 STREET ADDRESS 2796 FALLING TREE CIRCLE
1.4 CITY-ST-ZIP ORLANDO, FL 32837
☒ Change ☐ Addition

TITLE V
NAME KNIFFEN, ANTHONY
STREET ADDRESS C/O 14220 SUMMERSVILLE PLACE
CITY-ST-ZIP DAVIE FL 33325
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1200 BARTON HILLS DR., #180
2.4 CITY-ST-ZIP AUSTIN, TX 78704
☒ Change ☐ Addition

TITLE TSC
NAME MCCARTHY, JOHN S
STREET ADDRESS 2796 FALLING TREE CIR
CITY-ST-ZIP ORLANDO FL 32837
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE T.S.
4.2 NAME DAVID JOHNSON
4.3 STREET ADDRESS C/O 2796 FALLING TREE CIRCLE
4.4 CITY-ST-ZIP ORLANDO, FL 32837
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0316031