


FILED

Jul 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010480 (7)

AWESOME COMPUTER DYNAMICS, INC.

Principal Place of Business	Mailing Address
1102 TUSKAWILLA DRIVE #1 ATTN: DANIEL D. PARRISH CLEARWATER FL 34616	1102 TUSKAWILLA DRIVE #1 ATTN: DANIEL D. PARRISH CLEARWATER FL 34616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1996	
21	1741 25th AVE NO	26	1741 25th AVE NO	4. FEI Number 59-3355151	Applied For Not Applicable
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State St Petersburg, FL	27	City & State St Petersburg, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip 33713	28	Country USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	33713	29	33713		
25	USA	30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARRISH, DANIEL D 1102 TUSKAWILLA DRIVE #1 CLEARWATER FL 34616		81 Name	daniel D. Parrish
		82 Street Address (P.O. Box Number is Not Acceptable)	1141 25 th AVE No.
		83	
		84 City	St Petersburg FL
		85 Zip Code	33713

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DANIEL D	1.2 NAME	PARRISH, DANIEL D.
STREET ADDRESS	1102 TUSKAWILLA DRIVE #1	1.3 STREET ADDRESS	1102 TUSKAWILLA DRIVE #1 1741 25 th AVE N.
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	St Petersburg FL 33713
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, HOLLY A	2.2 NAME	PARRISH, HOLLY A
STREET ADDRESS	1102 TUSKAWILLA DRIVE #1	2.3 STREET ADDRESS	1741 25 th AVE N
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	St Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CLAR CLAR, ALICE I
STREET ADDRESS		3.3 STREET ADDRESS	1741 25 th AVE No.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400002603454
STREET ADDRESS		5.3 STREET ADDRESS	-07/31/98--01007--009
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE.

B13-894.9394

CR2E034 (5/98)

July 7, 1998

Ypgd

To Whom It May Concern:

This letter shall serve as notification that we were not in receipt of the first notice. We were quite shocked to receive the second notice stating we owed \$550.

Upon telephoning your office we were informed that since we had not received the first notice, we would need to send a statement of such, and include a check for the original filing fee which is \$150.⁰⁰

Enclosed please find our check in the amount of \$150.00 which represents the filing fee.

Thank you.

Holly A. Parrish
Director