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**

DOCUMENT # **P96000010480**1. Corporation Name

AWESOME COMPUTER DYNAMICS, INC.

Principal	Place	of	Business

Mailing Address

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90036 006 ***150.00



1741 25TH AVE ST. PETERSBUR	25TH AVE NO 1741 25TH AVE NO ST. PETERSBURG FL 33713		DO NOT WRITE IN TH	S SPACE						
					3. Date Incorporated or Qualifed 01/26/1996					
Principal Place of Business Za. Mailing Address				4. FEI Number	 	plied For				
21 26				59-3355151		t Applicable				
Suite, Apt.	#, étc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 . A Fee Re				
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to				
Zip	Country 25	Zip Country 30		8. This corporation owes the current year Intangible Personal Property Tax. No No						
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	i Agent				
545	NAME OF THE PARTY		81	Name						
PARRISH, DANIEL D 1741 25TH AVE NO			82	Street A	treet Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33713		83								
			84	City	F	85 Zip C	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 Age	nt signature rec	quired when reinstating) DATE					
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition			
NAME	PARRISH, DANIEL D		1.2 NAME							
STREET ADDRESS	1741 25TH AVE NO		1.3 STREE	TADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY- S	T-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition			
NAME	PARRISH, HOLLY A		2.2 NAME	Ì			ĺ			
STREET ADDRESS	1741 25TH AVE NO		2.3 STREE	TADORESS						
C(TY-ST-ZIP	ST. PETERSBURG FL 33713		2.4 CITY-5	ST-ZIP						
TITLE	P	☐ DELETE	3.1 TITLE			Change	☐ Addition			
NAME	CLAAR, ALICE I		3.2 NAME	i						
STREET ADDRESS	1741 25TH AVE NO		33 STREE	TADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33713		3.4. CITY-5	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	j		☐ Change	☐ Addition			
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Channa	□ Addition			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition			
NAME			5.2 NAME							
STREET ADDRESS			1	TADORESS						
CITY-ST-ZIP		□ ac. err	5.4 CITY- S 6.1 TITLE	1-ZIP		☐ Change	Addition			
TITLE		☐ DELETE				□ change				
NAME			6.2 NAME	TADDDECO						
STREET ADDRESS				T ADDRESS			į			
CITY-ST-ZIP			64 CITY-S	T-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: