SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000025042 (8)

COMPUTERS MEAN BUSINESS, INC.

Principal Place of Business Mailing Address 6847A N 9TH AVE #165 6847A N 9TH AVE #165 PENSACOLA FL 32504 PENSACOLA FL 32504 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-1169913 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHIDDEN, FRANK J JR Name 6847A N 9TH AVE #165 **B2** Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 84 City Zip Code 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.

NATURE Signature, lyped or printed hap not registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPST TITLE 1.1 TITLE __] DELETE Change Addition WHIDDEN, FRANK J JR 1.2 NAME NAME 6847A N 9TH AVE #165 STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32504 CITY-ST-Z#P 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-Z#F 3.1 TITLE TITLE DELETE ___ Change ___ Addition

4.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP 5.1 TITLE Change TITLE DELETE Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE

6.2 NAME

6.3 STREET ADDRESS

3.2 NAME

4.1 TITLE

___ DELETE

3.3 STREET ADDRESS

3.4 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 cath; 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, per than effective ment with an eddress.

WANDONKED

9/11/98

Change

Addition

FILED

Sep 17 1998 8:00am

Secretary of State