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

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035689

1. Corporation Name

ANDERSON COMPUTERS/TIDALWAVE CORP.

Principal Place of Business

1831 N.E. 45th Street
Ft. Lauderdale, FL 33308

Mailing Address

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

3. Date Incorporated or Qualified
April 23, 1996

4. FEI Number
65-0693777
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mary B. Anderson
1831 N.E. 45th Street
Ft. Lauderdale, FL 33308

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary B Anderson 7/24/98
Signature, Type or Print Name of Individual (Required) (for F. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME			12 NAME	C Leon Kline
STREET ADDRESS			13 STREET ADDRESS	12092 Glenmore Dr.
CITY-ST-ZIP			14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	P Leon Kline
STREET ADDRESS			23 STREET ADDRESS	12092 Glenmore Dr.
CITY-ST-ZIP			24 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	V Mary B. Anderson
STREET ADDRESS			33 STREET ADDRESS	1831 N.E. 45th Street
CITY-ST-ZIP			34 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	T Leon Kline
STREET ADDRESS			43 STREET ADDRESS	12092 Glenmore Dr.
CITY-ST-ZIP			44 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	S Mary B. Anderson
STREET ADDRESS			53 STREET ADDRESS	1831 N.E. 45th Street
CITY-ST-ZIP			54 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	100002606391 -08/04/98--01016--005
STREET ADDRESS			63 STREET ADDRESS	***550.00
CITY-ST-ZIP			64 CITY-ST-ZIP	PE 7-30

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: Leon Kline Leon Kline 6/10/98 954-796-6008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)