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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000038635

1. Corporation Name
COMPUTER AUTOMATED FACILITIES MANAGEMENT, INC

Principal Place of Business
515 VIRGINIA AVE
WINTER PARK, FLORIDA
32789

Mailing Address
P.O BOX 1206
WINTER PARK, FLORIDA 32789

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 26, 1996

4. FEI Number
59 337-8660
☐ 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
WM. M. LYNCH III
515 VIRGINIA AVE
WINTER PARK, FLORIDA 32789

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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Wm M Lynch III WM. LYNCH III (If changing Registered Agent, this signature required when not changing) 4/25/98 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS./DIRECTOR WM. M. LYNCH III P.O. BOX 1206 WINTER PARK, FL 32789	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SEC/TREAS/DIRECTOR WM. M. LYNCH III (NA) P.O. BOX 1206 WINTER PARK, FL 32790	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR THOMAS CARNEY P.O. BOX 1296 WINTER PARK, FL 32790	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT/DIRECTOR THOMAS CARNEY (NA) P.O BOX 1206 WINTER PARK, FL 32790	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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***150.00

14. I hereby certify that the information indicated on this report or supplemental 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 added, above.

SIGNATURE: William M Lynch III WILLIAM M. LYNCH III (804) 742-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/97)