


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

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AND
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99 FEB 12 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000068312					
1. Corporation Name COMPUHELP PROFESSIONALS, INC.					
Principal Place of Business POST OFFICE BOX 1707 VENICE, FL 34284-1707			Mailing Address POST OFFICE BOX 1707 VENICE, FL 34284-1707		
2. Principal Place of Business		2a. Mailing Address			
21 PO Box 206		26 PO Box 206			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27			
City & State		City & State			
23 Venice, FL		28 Venice, FL			
Zip Country		Zip Country			
24 34284-0206 25 US		29 34284-0206 30 US			
9. Name and Address of Current Registered Agent					
CLARK, WILLIAM D 479 ALBEE FARM ROAD VENICE, FL 34292					
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 re-registering)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/96

4. FEI Number
65-0690970

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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: **William D. Clark, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

(941) 485-7194

Date

Digit - 1/27/99

CR2E034 (11/98)