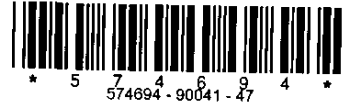


FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90008 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
 Computer Bytes Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 204 CarSwell Ave Holly Hill FL 32117	Mailing Address 137 Holland RD Ormond Beach Florida 32176
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2. Principal Place of Business 21 204 CarSwell Ave 22 Suite, Apt. #, etc.	2a. Mailing Address 26 137 Holland RD 27 Suite, Apt. #, etc.	4. FEI Number 59-3405208	Applied For Not Applicable
23 City & State Holly Hill Florida	28 City & State Ormond Beach Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32117	25 Country USA	29 Zip 32176	30 Country USA

3. Date Incorporated or Qualified
8/15/96

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

9. Name and Address of Current Registered Agent
 Cory Shelnick
 137 Holland RD
 Ormond Beach FL 32176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Cory Shelnick DATE May 15 1999

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	Cory Shelnick	
STREET ADDRESS	137 Holland RD	
CITY-ST-ZIP	Ormond Beach Florida 32176	
TITLE	ANGELIQUE SHELNIC	<input type="checkbox"/> DELETE
NAME	ANGELIQUE SHELNIC	
STREET ADDRESS	137 Holland RD	
CITY-ST-ZIP	Ormond Beach Florida 32176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cory Shelnick	
1.3 STREET ADDRESS	137 Holland RD	
1.4 CITY-ST-ZIP	Ormond Beach Florida 32176	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: Cory Shelnick DATE: 5/15/1999 DAYTIME PHONE #: 904-252-9507

CR2E034 (1/198)