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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085597 (8)

THE COMPUTER CHANNEL, INC.

Principal Place of Business

Mailing Address

FILED

98 OCT 21 PM 3: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3675 VICTOR WEST PALM	na drive Beach FL 33406	3675 VICTORIA DRIVE WEST PALM BEACH F			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 10/14/1996	SPACE	
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For	
21		26			65-0713941	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution			
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GROOVER, JEFFREY E			81	81 Name			
1	75 VICTORIA DRIVE		82	Street Ad	et Address (P.O. Box Number is Not Acceptable)		
ž	EST PALM BEACH FL 33406		"	1 000007.00			
			83	<u> </u>			
			_			85 Zip Code	
İ			84	' '	Fl	_ ['	
11. Pursuant office or ragent. I a	•				orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
	Signature, typed or printed name of registered ag-			jent signature rac	quired when reinstailing) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
TITLE	DP	☐ DELETE	1.1 TITLE		_	Change Addition	
NAME	GROOVER, JEFFREY E		1,2 NAME		000002874	.1801	
STREET ADDRESS			1.3 STREE	T ADDRESS	0000026741801 -10/28/3801039012 ****558.75 ****558.75	ວໂດສີ9012	
CITY-ST-ZIP	WEST PALM BEACH FL 3340		1.4 CITY-	ST-ZIP	****558.75	****559.75	
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME		2	3,2 NAME				
STREET ADDRESS		r	3,3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	1			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME	<u>.</u>			
STREET ADDRESS			A 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	,			
TITLE		DELETE	5.1 TITLE	-		Change Addition	
NAME			5.2 NAME				
BTREET ADDRESS				T ADDRESS			
1 10				į.			
OTY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE	31-417		Change Addition	
TITLE		□ percie				crisings roundon	
NAME			6.2 NAME	ľ			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		. m	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further fetify 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 to 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.

MANUEL DE LIBERTH ANGELLE

4-30-96 561-433-0508

CR2E034 (10/97