

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 27, 1999 8:00 am  
Secretary of State

07-27-1999 90025 046 \*\*\*150.00

DOCUMENT # P97000022908

1. Corporation Name  
MODIS/COMPUTER ACTION, INC.



Principal Place of Business  
1 INDEPENDENT DR  
JACKSONVILLE FL 32302  
US

Mailing Address  
177 CROSSWAYS PARKS DR  
WOODBURY NY 11797  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3444066	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEPC <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWAN DEREK E	1.2 NAME	DEWAN, DEREK E.
STREET ADDRESS	ONE INDEPENDENT DR	1.3 STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	SECR <input type="checkbox"/> DELETE	2.1 TITLE	SR. VP. / TREASURER / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNEY MICHAEL D	2.2 NAME	ABNEY, MICHAEL D.
STREET ADDRESS	ONE INDEPENDENT DR	2.3 STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE DANIEL M	3.2 NAME	MAYO, MARC M.
STREET ADDRESS	ONE INDEPENDENT DR	3.3 STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



One Independent Drive • Jacksonville, Florida 32202-5060  
Telephone: 904-360-2000 • Facsimile: 904-360-2814  
www.modispro.com

596609-90025-46  
P970000 22908



July 6, 1999

Re: Profit Corporation Annual Report – Modis Computer Action, Inc.

Florida Department of State  
Katherine Harris - Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Gerald Robinson'.

Gerald Robinson  
Tax Director