

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

FILED
Apr 20 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000031437 (1)

1. Corporation Name
COVENANT COMPUTERS, INC.

Principal Place of Business
4701 NE 12TH AVE
OAKLAND PARK FL 33334

Mailing Address
4701 NE 12TH AVE
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5150 WEST COPANS RD. Suite, Apt. #, etc. 22 #1198 City & State 23 MARGATE, FLORIDA Zip 24 33063		2a. Mailing Address 26 5150 WEST COPANS ROAD Suite, Apt. #, etc. 27 #1198 City & State 28 MARGATE, FLORIDA Zip 29 33063		3. Date Incorporated or Qualified 04/07/1997	
				4. FEI Number 65-0753153	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARSONS, LUPE 4701 NE 12TH AVE OAKLAND PARK FL 33334				10. Name and Address of New Registered Agent 81 Name CHARLES H. ELLIOTT 82 Street Address (P.O. Box Number is Not Acceptable) 5226 NW 28 STREET 83 84 City MARGATE FL 85 Zip Code 33063			
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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  CHARLES H. ELLIOTT, PRESIDENT DATE 4/9/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	DELETE <input checked="" type="checkbox"/>		1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PARSONS, LUPE			1.2 NAME			
STREET ADDRESS	4701 NE 12TH AVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	OAKLAND PARK FL 33334			1.4 CITY - ST - ZIP			
TITLE	DV	DELETE <input checked="" type="checkbox"/>		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PARSONS, ROY			2.2 NAME			
STREET ADDRESS	4701 NE 12TH AVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	OAKLAND PARK FL 33334			2.4 CITY - ST - ZIP			
TITLE	DP	DELETE <input type="checkbox"/>		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ELLIOTT, CHARLES H			3.2 NAME			
STREET ADDRESS	5226 NW 28TH ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063			3.4 CITY - ST - ZIP			
TITLE	DS	DELETE <input type="checkbox"/>		4.1 TITLE	DIRECTOR, SECRETARY/TREASURER	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ELLIOTT, IRENE			4.2 NAME			
STREET ADDRESS	5226 NW 28TH ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063			4.4 CITY - ST - ZIP			
TITLE		DELETE <input type="checkbox"/>		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE <input type="checkbox"/>		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.

SIGNATURE:  CHARLES H. ELLIOTT DATE 4/9/98 (954) 771-6828

CP2E034 (10/97)