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**

DOCUMENT # P97000047768 1. Corporation Name

COMPUSENSE, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90063 019 ***150.00



| Principal Place of Business Mailing Address | | | | | | 1 1981/1985 (18 (801) (881) 881)) 881) 881) 881) 881) 1881) 1881) 1881) 1881) | | |
|---|---|-----------|---|---|---------|---|--|------|
| | | | 700 FRONT BEACH RD. NAMA CITY BEACH FL : | FRONT BEACH RD. #63 IA CITY BEACH FL 32413 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | | 05/30/1997 | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | | | 65-0761527 Not Applicable | |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Sa.75 Additional Fee Required | |
| City & State23 | | | City & State 28 | | | | =6. Election Gampeign Financing ☐ \$5:00 May Be Trust Fund Contribution ☐ Added to Fees | - |
| Zip | Country | | Zip | Со | ıntry | | 8. This corporation owes the current year Intangible | |
| 25 | | 29 | 30 | | | | Personal Property Tax. Yes No | |
| | 9. Name and Address of Current | Regi | stered Agent | | Ц, | | 10. Name and Address of New Registered Agent | |
| | | | | | 81 | Name | | |
| | HERT, OLIVER | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 14700 FRONT BEACH RD. #63 | | | | | | | | |
| PAN | AMA CITY BEACH FL 32413 | | | | 83 | | | |
| | | | | | 84 | City | 85 Zip Code | |
| | | | | | 04 | City | FL S Z S S S S S S S S | |
| office or n agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Flori | da. Such change was a | utnorize | g by | the corporation | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title | if applicable. (NOTE | Registered | Agen | t signature required | | ά |
| 12. | OFFICERS AND | DIR | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 40/1 |
| TITLE | D | | ☐ DELETE | 1,1 T | TLE | | ☐ Change ☐ Addition | Ė |
| NAME | REICHERT, OLIVER | | | 1.2 N | AME | | | 7 |
| STREET ADDRESS | 14700 FRONT BEACH RD. #63 | | | 1.3 S | TREET | ADDRESS | | E03/ |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32413 | } | | 1.4 C | ITY-\$1 | r-ZIP | | à |
| TITLE | D | | ☐ DELETE | 2.1 T | TLE | Ì | ☐ Change ☐ Addition | C |
| NAME | REICHERT, CAROLA | | · | 2.2 N | AME | | | |
| STREET ADDRESS | 14700 FRONT BEACH RD. #63 | | | 2.3 S | TREET | ADDRESS | 1 | |
| CITY-ST-ZIP | PANAMA-CITY-BEACH FL 32413 | } | | 2.4 (| πy-s | T-ZIP | | _ |
| TITLE | | | ☐ DELETE | 3.1 T | ΠLE | | ☐ Change ☐ Addition) | |
| NAMÉ | | | | 3.2 N | AME | | ļ | |
| STREET ADDRESS | | | | 3.3 S | TREE | ADDRESS | } | |
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| NAME | | | | 4.21 | IAME | | | |
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| CITY-ST-Z)P | | | | 4.4 C | ΠY-S | T-ZIP | · | |
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| CITY-ST-ZIP | | | | | TY-S | T-ZIP | | |
| TITLE | | | ☐ DELETE | 6.1 T | ITLE | | ☐ Change ☐ Addition | |
| NAME | | | | 6.2 N | AME | | • | |
| STREET ADDRESS | | | | 6.3 \$ | TREET | T ADDRESS | } | |
| l | ľ | | | 640 | TV_S | T 71D | | |

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 granged or on an attachment with an address, with all other like empowered.

SIGNATURE: