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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049450 (4)

BREADBOX COMPUTER COMPANY

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9400 LAKE CHRISTINA LANE 9400 LAKE CHRISTINA LANE PORT RICHEY FL 34668 PORT RICHEY FL 34868 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1997 2. Principal Place of Business 2a, Mailing Address 26 P.O. Bo Applied For lo₽ 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FISCHER, FRANK 9400 LAKE CHRISTINA LANE Street Address (P.O. Box Number is Not Acceptable) **PORT RICHEY FL 34668** City 84 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE FISCHER, FRANK NAME 1.2 NAME 9400 LAKE CHRISTINA LANE STREET ADDRESS 1.3 STREET ADDRESS **PORT RICHEY FL 34668** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HOWARD, JOHN F NAME 22 NAME 1360 LAKESIDE ROAD STREET ADDRESS 2.3 STREET ADDRESS VIRGINIA BEACH VA 23455 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE KOCHINKE, CLEMENS NAME 3.2 NAME 6409 LANDON LANE STREET ADDRESS 3.3 STREET ADDRESS BETHESDA MD 20817 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 apricing the with an address.

SIGNATURE:

1

FRANK FISCHER

4/2/98 813-862-9911

R2E034 (10/97)