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# FILED
# Jun 04 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066186

1. Corporation Name

COMPUTER PRODUCTS FOR EDUCATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1280 Highway AlA<br>Satellite Beach, FL<br>32937 | P.O. BOX 17820<br>Clearwater, FL<br>33762 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/31/1997

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-3497241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

Robert Monticelli
1280 Highway AlA
Satellite Beach, FL 32937

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ (NEW Registered Agent Signature required when not listing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | Director/President (D/P) ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Laurin K. Dodd | 12 NAME | |
| STREET ADDRESS | P.O. Box 17820 (N/A) | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Clearwater, FL 33760 | 14 CITY-ST-ZIP | |
| TITLE | Director/Vice-Pres (D/V) ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Robert Monticelli | 22 NAME | |
| STREET ADDRESS | P.O. Box 17820 (N/A) | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Clearwater, FL 33762 | 24 CITY-ST-ZIP | |
| TITLE | Dir/Treas/Sec (D/T/S) ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | William Dodd | 32 NAME | |
| STREET ADDRESS | P.O. Box 17820 (N/A) | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Clearwater,FL 33762 | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | 500002550765 |
| STREET ADDRESS | | 53 STREET ADDRESS | -06/08/98--01034--029 |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | ***158.75 |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing complies with the requirements of 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 added, above or on an attachment with an blank.

**SIGNATURE:** Laurin K. Dodd 5-27-98 800-679-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number