

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90038 006 ***150.00

DOCUMENT # P97000066186

1. Corporation Name

COMPUTER PRODUCTS FOR EDUCATION, INC.

Principal Place of Business
1280 HIGHWAY AIA
SATELLITE BEACH FL 32937

Mailing Address
P.O. BOX 17820
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 5325 140TH AVE NORTH

2a. Mailing Address

26 5325 140TH AVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL

City & State

28 CLEARWATER, FL

Zip

24 33760

Country

Zip

29 33760

Country

30

9. Name and Address of Current Registered Agent

MONTICELLI, ROBERT
1280 HIGHWAY AIA
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name Laurin K. Dodd
82 Street Address (P.O. Box Number is Not Acceptable)
5325 140TH AVE NORTH
83
84 City CLEARWATER FL 85 Zip Code 33760

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

1-18-98

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MONTICELLI, ROBERT	
STREET ADDRESS	P.O. BOX 17820 (NA)	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DODD, LAURIN K	
STREET ADDRESS	P.O. BOX 17820 (NA)	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	DODD, WILLIAM	
STREET ADDRESS	P.O. BOX 17820 (NA)	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 REQUIRED

Date

Daytime Phone #

1-18-98

CR2E034 (11/98)