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

FLORIDA CORPORATION ANNUAL REPORT

1998

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

FILED
May 21 1998 8:00am
Secretary of State

DOCUMENT # P97000075904

1. Corporation Name
Computrix International Corporation

[redacted]

Principal Place of Business
4518-5 Del Prado Blvd.
Suite # 105
Cape Coral, FL 33904

Mailing Address

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County

2a. Mailing Address
26 Suite, Apt. # etc.
27 City & State
28 Zip 29 County 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/3/97

4. FEI Number
65-0781306
☐ 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 owns or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Stephanie Wolff
4518-5 Del Prado Blvd #105
Cape Coral FL 33904

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 Section 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 of new registered agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE Pres	Stephanie Wolff	☐ DELETE
NAME		
STREET ADDRESS	4518-5 Del Prado Blvd #105	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE V.P.	Allen M Wolff	☐ DELETE
NAME		
STREET ADDRESS	4518-5 Del Prado Blvd #105	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

25.
5.21

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***150.00

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: Stephanie Wolff 4/30/98
(Required) Authorized Signature or Printed Name of Officer or Director — Date

Daytime Phone # 0008763