

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

FILED
May 12 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 # P97000087402 (8)

1. Corporation Name:
COMPUTEE, INC.



Principal Place of Business

327 BAYSHORE BLVD #118
TAMPA FL 33606

Mailing Address

327 BAYSHORE BLVD #118
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 210 Hyde Park Place
Suite, Apt. #, etc. #1

22 City & State

23 Tampa FL

24 Zip 33606

25 Country

2a. Mailing Address

26 210 Hyde Park Place
Suite, Apt. #, etc. #1

27 City & State

28 Tampa FL

29 Zip 33606

30 Country

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

59-3472929

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

RODENBERG, ROBERT
327 BAYSHORE BLVD #118
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Robert Rodenberg
82 Street Address (P.O. Box Number is Not Acceptable)
210 Hyde Park Place #1
83
84 City Tampa FL 85 Zip Code 33606

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

(NOT) Registered Agent signature required when reinstating

DATE

Resided

4/28/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODENBERG, ROBERT	
STREET ADDRESS	327 BAYSHORE BLVD #118	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JACK	
STREET ADDRESS	6001 JOHNS ROAD, SUITE 235	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRISLIN, MARY	
STREET ADDRESS	327 BAYSHORE BLVD #118	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JACK	
STREET ADDRESS	6001 JOHNS RD, SUITE 235	
CITY-ST-ZIP	TAMPA FL 33634	
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 attached sheet with an address.

SIGNATURE

Jack Richardson

4/28/98 813-889-7556

CR2E034 (10/97)