

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90198 010 ***150.00

DOCUMENT # P97000087402

1. Corporation Name
COMPUTEE, INC.

Principal Place of Business

210 HYDE PARK PL
STE 1
TAMPA FL 33606
US

Mailing Address

210 HYDE PARK PL
STE 1
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2185 Ibas Isle Road

2a. Mailing Address

6001 Johns Road

Suite, Apt. #, etc.

Unit #3

Suite, Apt. #, etc.

Suite 235

City & State

Palm Beach FL

City & State

Tampa FL

Zip

33480

Country

US

Zip

33634

Country

US

9. Name and Address of Current Registered Agent

RODENBERG, ROBERT
210 HYDE PARK PL STE 1
TAMPA FL 33606

New Address

10. Name and Address of New Registered Agent

81 Name

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

2185 Ibas Isle Road, Unit #3

83

84 City

Palm Beach

FL

85 Zip Code

33480

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

4/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
RODENBERG, ROBERT
STREET ADDRESS
327 BAYSHORE BLVD #118
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME
VD
RICHARDSON, JACK
STREET ADDRESS
6001 JOHNS ROAD, SUITE 235
CITY-ST-ZIP
TAMPA FL 33684

TITLE ☒ DELETE

NAME
SD
BRISLIN, MARY
STREET ADDRESS
327 BAYSHORE BLVD #118
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ DELETE

NAME
TD
RICHARDSON, JACK
STREET ADDRESS
6001 JOHNS RD, SUITE 235
CITY-ST-ZIP
TAMPA FL 33634

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99 (813) 884-7556

CR2E034 (11/98)