

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**  
09-13-1999 90007 042 \*\*\*550.00

OCUMENT # **P98000013934**

Corporation Name  
**COMPUTEL SYSTEMS, INC.**

Principal Place of Business  
**37 NW 16 TERRACE  
LAUDERDALE FL 33309**

Mailing Address  
**6687 NW 16 TERRACE  
FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0810521</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JACKMAN, JEROME G 6687 NW 16 TERRACE FT LAUDERDALE FL 33309</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	ST-ZIP	D JACKMAN, JEROME G 6687 NW 16 TERRACE FT LAUDERDALE FL 33309		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			1.2 NAME			
ET ADDRESS	ST-ZIP			1.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			1.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			2.2 NAME			
ET ADDRESS	ST-ZIP			2.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			2.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			3.2 NAME			
ET ADDRESS	ST-ZIP			3.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			3.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			4.2 NAME			
ET ADDRESS	ST-ZIP			4.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			4.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			5.2 NAME			
ET ADDRESS	ST-ZIP			5.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			5.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ET ADDRESS	ST-ZIP			6.2 NAME			
ET ADDRESS	ST-ZIP			6.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP			6.4 CITY-ST-ZIP			

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.

GNATURE: **JEROME G. JACKMAN** 9-7-99 954-917-3717

CR2E034 (5/99)