

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

DOCUMENT # P98000050723

1. Corporation Name

COMPUTER OPTIONS ENTERPRISE, INC.

Principal Place of Business

2110 ADAM'S RIDGE ROAD
APOPKA FL 32703

Mailing Address

2110 ADAM'S RIDGE ROAD
APOPKA FL 32703

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90036 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

59-3515011

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

9. Name and Address of Current Registered Agent

COE, DAVID E
2110 ADAM'S RIDGE ROAD
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

DAVID E. COE

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

1070 PIEDMONT OAKS DR.

83

84 City APOPKA

FL

85 Zip Code

32703-3420

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

David E. Coe
Signature, typed or printed name of registered agent and title if applicable.

DAVID E. COE PRESIDENT 3/30/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVID E. COE

STREET ADDRESS 1070 PIEDMONT OAKS DR.

CITY-ST-ZIP APOPKA, FL 32703-3420

TITLE ☐ DELETE

NAME AMY M. COE

STREET ADDRESS 1070 PIEDMONT OAKS DR.

CITY-ST-ZIP APOPKA, FL 32703-3420

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

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 DAVID E. COE

1.3 STREET ADDRESS 1070 PIEDMONT OAKS DR.

1.4 CITY-ST-ZIP APOPKA, FL 32703-3420

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME AMY M. COE

2.3 STREET ADDRESS 1070 PIEDMONT OAKS DR.

2.4 CITY-ST-ZIP APOPKA, FL 32703-3420

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: *David E. Coe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 407-884-0550
Date Daytime Phone #

CR2F034 (11/98)