

05071999-90131-021-\$150.00-\$150.00

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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 021 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000087209

1. Corporation Name
COMPURESOURCE INC.



Principal Place of Business
8535 BAYMEADOWS ROAD
SUITE 3-168
JACKSONVILLE FL 32258

Mailing Address
8535 BAYMEADOWS ROAD
SUITE 3-168
JACKSONVILLE FL 32258

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1998

4. FEI Number
593538667

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
2a. Mailing Address

Suite, Apt. #, etc. 26
City & State 27
Zip Country 28

29
30

9. Name and Address of Current Registered Agent
MATHEW, MARY
8535 BAYMEADOWS ROAD
SUITE 3-168
JACKSONVILLE FL 32258

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 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. SIGNATURES OF OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reappointing)

12. SIGNATURES OF OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 TITLE: PRESIDENT <input type="checkbox"/> DELETE</p> <p>12.2 NAME: MARY MATHEW</p> <p>12.3 STREET ADDRESS: 8535 BAYMEADOWS RD</p> <p>12.4 CITY-ST-ZIP: ST 3-166 JACKSONVILLE, FL 32256</p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>
<p>12.5 TITLE <input type="checkbox"/> DELETE</p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p>
<p>12.6 TITLE <input type="checkbox"/> DELETE</p>	<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p>
<p>12.7 TITLE <input type="checkbox"/> DELETE</p>	<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p>
<p>12.8 TITLE <input type="checkbox"/> DELETE</p>	<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p>
<p>12.9 TITLE <input type="checkbox"/> DELETE</p>	<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>

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 files empowered.

SIGNATURE: Mary Mathew President 3/12/99 (904) 607-2454
MARY MATHEW
Mary Mathew 6/4/99
Mary Mathew 6/12/99

CR2E034 (1/198)