1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000095956

COMPU DEALS-AUCTION INC.

wholesale

May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 033 \*\*\*300.00



Principal Place	e of Business	Mailing Address		( ibatian) in tarat their shirt shirt shirt shirt	10 15151 61116 15151 51110 0111	
8300 ULMERTON RD. STE. 100		8300 ULMERTON RD. STE. 1	100			
LARGO FL 33771		LARGO FL 33771		DO MOT WORKS IN THE CRACE		
				DO NOT WRITE IN TH	IS SPACE	$\neg$
				3. Date Incorporated or Qualifed 11/09/1998		
2 Principal Di	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
2. Frincipal Fi	iace of business		legasus Ave		Not Applic	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	000000	_	\$8.75 Additions	$\overline{}$
22		27		5. Certifcate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		э
23		28 Clearwate		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25		0 45	Personal Property Tax.		
	9. Name and Address of Cu	ırrent Registered Agent	94 Name	10. Name and Address of New Registere	d Agent	
COM	IDEN HOWADD		81 Name			
COWDEN, HOWARD 410 S. PEGASUS AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33765			02			
ULE?	NINAILE I L 30/03		83			
			84 City		85 Zip Code	
				F	of phonoing its register	rod
office or n	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statutes state of Florida. Such change was auti bligations of, Section 607.0505, Florid	norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered	i
SIGNATURE				ed when reinstating) DATE		- 1
12	Signature, typed or printed name of registers	S AND DIRECTORS	tegistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12
12.	D	DELETE	1,1 TITLE	7,5511,011,0,21,011,011		ddition
NAME	COWDEN, HOWARD		1.2 NAME			
STREET ADDRESS	410 S. PEGASUS AVE.		1 3 STREET ADDRESS			ł
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CITY-ST-ZIP			
TITLE	022411111211112	☐ DELETE	2.1 TITLE		☐ Change ☐ A	ddition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Ad	ddition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY- \$T-ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ A	ddition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZiP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ A	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ A	ddition
NAME			6.2 NAME			
STREET ADDRESS		•	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>		

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: