## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04835

(7)

PACE COMPUTER COMPANY

| FILED              |
|--------------------|
| Jan 23 1998 8:00am |
| Secretary of State |

| Principal Place of Business  | Mailing Address   |              |    |                 |  |                     |  |  |  |
|--|---|--------------|----|-----------------|--|---------------------|--|--|--|
| 5657 MANATEE AVE W<br>SUITE 1110<br>BRADENTON FL 34209   | \$657 MANATEE AVE W<br>SUITE 1110<br>BRADENTON FL 34209<br>US |              |    |                 | DO NOT WRITE IN THI  | S SPACE             |  |  |  |
| U\$  |   |              |    |                 | 3. Date Incorporated or Qualified 01/06/1992   |                     |  |  |  |
| 2. Principal Place of Business 2a. Mailing Address   |   |              |    |                 | 4. FEI Number  |                     | Applied For                            |  |  |
| 26   |   |              |    |                 | 65-0319512   |                     | Not Applicable                         |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27   |   |              |    |                 | 5. Certificate of Status Desired   |                     | . <b>75</b> Additional<br>ee Required  |  |  |
| City & State   | City & State  | City & State |    |                 | Election Campaign Financing     Trust Fund Contribution  |                     | .00 May Be<br>ided to Fees             |  |  |
| Zip Country 24 25  | Zip Country 30  |              |    |                 | 8. This corporation owes or has paid the current war Intangible Personal Property Tax due June 30. |                     |  |  |  |
| 9. Name and Address of Current   | Registered Agent  | [            | r  |                 | 10. Name and Address of New Registere  | d Agent             |  |  |  |
| SPAHN, RICHARD   |   | 1            | 81 | Name            |  |                     |  |  |  |
| 5657 MANATEE AVE<br>SUITE 1110<br>BRADENTON FL 34209   |   | 1            | 82 | Street Addres   | ess (P.O. Box Number is Not Acceptable)  |                     |  |  |  |
|  |   | 1            | 83 |                 |  |                     |  |  |  |
|  |   | 1            | 84 | City            | F  | L 85                | Zip Code                               |  |  |
| <ol> <li>Pursuant to the provisions of Sections 607 0502<br/>office or registered agent, or both, in the State of<br/>agent. I am familiar with, and accept the obligat</li> </ol> | if Florida. Such change was i                                 | authorized   | by | the corporation | ration submits this statement for the purpose<br>n's board of directors. I hereby accept the ap    | of chang<br>pointme | ing its registered<br>nt as registered |  |  |

| a Moure i a    | in ignisial with, and accept the conganons or, occion o                      | 01.00 <b>00,</b> 710110 | ia Statutos.                 |                            |           |           |
|----------------|--|-------------------------|------------------------------|----------------------------|-----------|-----------|
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable | (NO16 - B               | legistered Agent signature i | required when reinstature) | DATE      |           |
| 12.            | OFFICERS AND DIRECTORS   | inore in                | 13.                          | ADDITIONS/CHANGES TO O     |           | S IN 12   |
| TITLE          |  | DELETE                  | 1.1 TITLE                    | ASSITIONS/OF/ANGEO TO C    | Change    | Additio   |
| NAME           | SPAIN, RICHAID   | DECETE                  | 1.2 NAME                     |                            | C Onlange |           |
|                |  |                         |                              |                            |           |           |
| STREET ADDRESS | 5657 MANATEE AVE W   |                         | 1.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    | BRADENTON FL   | OC: CTC                 | 1.4 CITY-ST-ZIP              |                            | Па:       | 1 4 1 100 |
| TITLE          | Ш  | DELETE                  | 21 TITLE                     |                            | Change    | Additio   |
| NAME           |  |                         | 2.2 NAME                     |                            |           |           |
| STREET ADDRESS |  |                         | 2.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    |  |                         | 2. 4 CITY-ST-ZIP             |                            |           |           |
| TITLE          |  | DELETE                  | 3.1 TITLE                    |                            | ☐ Change  | Additio   |
| NAME           |  |                         | 3.2 NAME                     |                            |           |           |
| STREET ADDRESS |  |                         | 3.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    |  |                         | 3.4. CITY - ST- ZIP          |                            |           |           |
| TITLE          |  | DELETE                  | 4.1 TITLE                    |                            | ☐ Change  | Additio   |
| NAME           |  |                         | 4. 2 NAME                    |                            |           |           |
| STREET ADDRESS |  |                         | 4.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    |  |                         | 4.4 CITY-ST-ZIP              |                            |           |           |
| TITLE          |  | DELETE                  | 5.1 TITLE                    |                            | ☐ Change  | Additio   |
| NAME           |  |                         | 5.2 NAME                     |                            |           |           |
| STREET ADDRESS |  |                         | 5.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    |  |                         | 5.4 CITY - ST - ZIP          |                            |           |           |
| TITLE          |  | DELETÉ                  | 6.1 TITLE                    |                            | ☐ Change  | Additio   |
| NAME           |  |                         | 6.2 NAME                     |                            |           |           |
| STREET ADDRESS |  |                         | 6.3 STREET ADDRESS           |                            |           |           |
| CITY-ST-ZIP    |  |                         | 6.4 City-St-ZiP              |                            |           |           |

14. 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.

CIONATURE. A. M.M.

1-9-98

941.792.2100