

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90292 026 \*\*\*150.00

DOCUMENT # V04835

1. Corporation Name

PACE COMPUTER COMPANY



DO NOT WRITE IN THIS SPACE

|  |                     |  |         |
|--|---------------------|--|---------|
| Principal Place of Business                                  |                     | Mailing Address  |         |
| 5657 MANATEE AVE W<br>SUITE 1110<br>BRADENTON FL 34209<br>US |                     | 5657 MANATEE AVE W<br>SUITE 1110<br>BRADENTON FL 34209<br>US |         |
| 2. Principal Place of Business                               | 2a. Mailing Address |  |         |
| 21 902 8th Ave. West   | 26 902 8th Ave West |  |         |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |  |         |
| 22   | 27                  |  |         |
| City & State   | City & State        |  |         |
| 23   | 28                  |  |         |
| Zip  | Country             | Zip  | Country |
| 24 34205 25  | 29 34205 30         |  |         |

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

65-0319512

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

SPAHN, RICHARD  
5657 MANATEE AVE  
SUITE 1110  
BRADENTON FL 34209

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

34205

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | P                  | <input type="checkbox"/> DELETE |
| NAME           | SPAIN, RICHARD     |                                 |
| STREET ADDRESS | 5657 MANATEE AVE W |                                 |
| CITY-ST-ZIP    | BRADENTON FL       |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | SPAHN  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

941 742-6400

Daytime Phone #

CR2E034 (11/98)