SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#

Principal Place of Business

135 S.E. 24TH ST.

UNIT 10A

(2)

Malling Address

135 SE 24TH STREET

CAPE CORAL FL 33990

BITS & BYTES SOFTWARE AND ELECTRONICS, INC.

CAPE CORAL FL 33980-4336					DO NOT WRITE IN THIS OFACE		
US				3. Date Incorporated or Qualified			
					09/24/1992 4. FÉI Number		
2. Principal !	Place of Business	2a. Mailing Address	2a. Malling Address		4. FEI Nümber	Applied For	
21	<u>-</u> .	26]			65-0356565	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		lm)	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23		28	•		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	rv	8. This corporation owes or has paid the cur		
24	25	29	30	.,	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent			1901	10. Name and Address of New Registered Agent			
					81 Name		
WALTON, ROBERT F.			٦	INAILIE			
	SE 24TH STREET		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
CAF	PE CORAL FL 33990						
			j e	13			
			ļ_	4 01		lost 7: Orde	
			ľ	4 City	Ft	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 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered ag			Agent signatu	re required when reinstating) DATE		
12	·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12	
TITLE	 \$	L DELETE	1.1 TITLE	:		Change Addition	
NAME	WALTON, ROBERT F.		1.2 NAMI	E ¦			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	·		1.4 CITY-	ST-ZIP			
TITLE						Change Addition	
NAME			2.2 NAME			Change [] Notice	
STREET ADDRESS	9708 PEBBLE CREEK DR.		1	ET ADDRESS			
CITY-ST-ZIP	HENDERSON KY		2.4 CiTY-			<u>~</u>	
TITLE	☐ DELETE 3:		3.1 TITLE	3.1 TITLE Change Addition			
NAME			3.2 NAME	Ε			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	1		3.4 CITY-	ST-ZIP	_		
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME	: 1			
STREET ADDRESS	1		438100	ET ADDRESS			
				1			
CITY-ST-ZIP TITLE		<u> </u>	4.4 CITY-				
		L_ DELETE				Change Addition	
NAME			5.2 NAME	-			
STREET ADORESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	1			ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	ertify that the information supplied with	h this filing does not qualify:			section 119 07/3Vi) Florida Statutas I further cartiful	that the information	
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.							

SIGNATURE:

27 August 1998: (941) 574-2177

FILED

Sep 03 1998 8:00am

Secretary of State