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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G90665

(2)

VERTICAL COMPUTER SYSTEMS, INC.

FILED May 09 1997 8:00am Secretary of State

Principa Plac	ce of Business	Mailing Addre	\$8			s sporist dien reter bille onlik diller ant diets einer einen einer einer einer			
3201 W. COMMERCIAL BLYD SUTE 127		S201 W. COMIN SUTE 127	3201 W. COMMERCIAL BLVD						
	RDALE FL 33309	FORT LAUDER	DALE FL 333	09-3440					
					٠	3. Date Incorporated or Qualified 02/07/1984	3a. Date 6		leport
2. Principal F	Place of Business	2a. Maiting Ad	dress			4. FEI Number	4		pplied For
21		26				59-2452454			ot Applicable
Suite, Apt	!. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$		Additional equired
City & Sta	nle	City & State	ė			6. Election Campaign Financing			May Be
23		28	•			Trust Fund Contribution			to Fees
Zip	Country	Zip		Countr	/	8. This corporation has liability for i			
24	25	29		30] Yes □ N		
	9. Name and Address of Cur	rent Registered Agen	t			10. Name and Address of New Re	istered Age	nt	
WE	EINBERG, STEVEN A.			81	Name				
800	00 PETERS RD			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PL	ANTATION FL 33324				000000				
				83	,				
				84	City			e Zio	Code
				64	City		FL i°	35 Zip	Coue
agent 1. SIGNATURE	am fam har with, and accept the ob- Signature typed or printed name of registered	-				ation's board of directors. I hereby acceptions are a second acceptions are a second acception as a second acception are a second acception as a second acception are a second acception as a second acception accepti	DATE		<u></u>
12.		AND DIRECTORS	(NOIE	13.	aut edus nede	ADDITIONS/CHANGES TO OFFIC		RECTOR	2S IN 12
TITLE	D		DELETE	1.1 TITLE		(100)110/10/07/110/00 10 07/10		Change	RS IN 12
NAME	PIERCE, JOSEPH H J			1.2 NAME	1		_	-	
STREET ADDRESS	AAAA SILAAMIEDAJAL DILA	D / STE 127			ADDRESS				
CITY-ST-7#	FT LAUDERDALE FL			1.4 CITY-	Į.				
TITLE	POTS		DELETE	2.1 TITLE	// <u>- </u>			Change	Additio
NAME	HOWELL, BRETT			2.2 NAME					
STREET ADORESS	3201 W COMMERCIAL BLV	D / STE 127		2.3 STREE	ADDRESS				
011Y - ST - ZIP	FT LAUDERDALE FL			2. 4 CiTY-	ST-Z#P				
THLE			DELETE	3.1 TITLE			. 🗆	Change	Additio
NAMÉ				3.2 NAME					
STREET ADDRESS				3.3 STREE	ADDRESS				
CHTY - ST - ZIP				3.4. CITY-	ST-ZIP		_		
TITLE			DELETE	4.1 TITLE				Change	Additio
NAME				4. 2 NAME	}				
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY - ST- ZIP				4.4 CITY-	ST-ZIP				
TITLE			DELETE	5.1 TITLE				Change	Additio
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				
CITY - ST - ZIP				5.4 CITY-	ST-ZIP				
TITLE			DELETE	6.1 TITLE				Change	Additio
NAME				6.2 NAME					
STREET ADDRESS					ADDRESS				
	1			=					
City-St-Ziff		Λ	١.	6.4 CiTY-	ST-ZIP				

I do re-rep certify that the information supplied with this filling does not plant for the exemption stated in section 119.705/th, riorded statutes. I further every that information indicated on this annual reped or supplemental annual reped and that my signature shall have the same legal effect as if made under eath; that an officer or director of the corporation or the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (3 if changed, or on an attachment with an address.

SIGNATURE:

DIVER OF FAINTED NAME OF SIGNING OFFISER OR DRECTOR

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Daytime Phone # 0265871