**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0071147

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 12 AM 8: 57

**DOCUMENT #  J22192**
1. Corporation Name

**PHASE ONE COMPUTING SERVICES, INC.**

06-23-99  90006 006  **$150.00**
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4861 N. DIXIE HWY., SUITE 200-A OAKLAND PARK FL 33334 | 4861 N. DIXIE HWY., SUITE 200-A OAKLAND PARK FL 33334 |

3. Date Incorporated or Qualified
**07/02/1986**

4. FEI Number **59-2690489**  — Applied For / Not Applicable

| 2. Principal Place of Business [21] | 2a. Mailing Address [26] | 4. FEI Number 59-2690489 Applied For / Not Applicable |
|---|---|---|
| Suite, Apt. #, etc. [22] | Suite, Apt. #, etc. [27] | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| City & State [23] | City & State [28] | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |
| Zip [24] / Country [25] | Zip [29] / Country [30] | 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CLONEY, CHRISTOPHER C., ESQ. 315 S.E. 7TH ST. SUITE 200 FORT LAUDERDALE FL 33301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City  FL  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 agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

CR2E034 (5/99)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **P** | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **WOLFROM, DARLENE** | | 1.2 NAME | |
| STREET ADDRESS **4861 N DIXIE HWY. #200-A** | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **OAKLAND PARK FL** | | 1.4 CITY-ST-ZIP | |
| TITLE **VPS** | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME **WOLFROM, STEVE** | | 2.2 NAME | |
| STREET ADDRESS **4861 N DIXIE HWY. #200-A** | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP **OAKLAND PARK FL** | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ 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 ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Darlene Wolfrom*   8/10/99   954-722-4601

**PHASE ONE**
**COMPUTING SERVICES, INC**

4861 North Dixie Highway, Suite 200A
Fort Lauderdale, Florida 33334
phaseonecomputing.com
Phone 954-772-4601
Fax 954-772-2685

August 10, 1999

Mr. David Mann
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: J22192

Dear Mr. Mann:

On June 25th I received the enclosed second notice for my Corporate Annual Report. I did not receive timely notice of the initial 199 Annual Report filing fee. Please accept this application for my 1999 Corporate Annual Report and filing fee of $150.

Thank you for your assistance in this manner.

Sincerely,

Darlene Wolfrom