

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90091 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P96000000067**

1. Corporation Name
COMPUTERIZED SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
 7523 SEURAT ST. #103 7523 SEURAT ST. #103
 ORLANDO FL 32819 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1995

4. FEI Number Applied For
59-3350658 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BROWN, JAMES L
7523 SEURAT ST. #103
ORLANDO FL 32819

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES L	1.2 NAME	
STREET ADDRESS	7523 SEURAT ST, #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	DVST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JILL L. Brown	2.2 NAME	Brown, Jill L. <input checked="" type="checkbox"/> Correct Spelling of Name
STREET ADDRESS	7523 SEURAT ST, #103	2.3 STREET ADDRESS	7523 Seurat St, #103
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Jill L. Brown* **REQUITILL. Brown** 9 Apr 99 (407) 248-0519
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)