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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006002

1. Corporation Name

A PLUS COMPUTER SERVICES, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 028 ***150.00

A FLOS	CONFUTER SERVICES, IN								
Principal Place	e of Business	Mailing Address					18+11 48+++ 61		
3998 NW 167TH ST 3998 NW 167TH ST MIAMI FL 33054 MIAMI FL 33054									
						DO NOT WRITE	IN THIS	SPACE_	
						3. Date Incorporated or Qualifed 01/17/1996			
	Place of Business	2a. Mailing Address				4. FEI Number			oplied For
21 6 87	N.W. 1674h ST.	26 SA <i>n</i>	ne			65-0635484			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired [•	Additional equired
City & Stat	te	City & State				6. Election Campaign Financing	3	\$5.00	May Be
23 Mian	ni FL	28				Trust Fund Contribution	<u>-</u>	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	year Inta		
24 330	15 25	29	30			Personal Property Tax.		□Yes	□No
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New Rec	istered F	\gent	————
IACI	KCUM BIIDA U			81	Name				
JACKSON, RUDY D 7483 N.W. 167TH STREET				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33054		[83					1
	•		ŀ	84	City	10 10 M M	FL	85 Zip	Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	i by i ites.	the corporation	ration submits this statement for the pu i's board of directors. I hereby accept t	ne appoin	tment as r	igistered
	Signature, typed or printed name of registered ager			Agent	t signature required		DATE ANI	DIDECT	3DC IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	1 5		ADDITIONS/CHANGES TO OFFIC	ERS AN	Change	Addition
TITLE	1 '	□ verric							
NAME	JACKSON, RUDY D 7483 N.W. 167TH STREET		1.2 NA		**************************************				
STREET ADDRESS	MIAMI FL 33015				ADDRESS				
CITY-ST-ZIP	INIAMI FE 33015		1.4 CIT	1Y-51	1-219				
TILE		☐ DELETE	2 1 TIT	1 =				☐ Change	☐ Addition
NAME		☐ DELETE	2.1 TIT					Change	☐ Addition
	. •	☐ DELETE	2.2 NA	WE	ADDRESS			Change	☐ Addition
STREET ADDRESS	. •	☐ DELETE	2.2 NA 2.3 ST	ME REET	ADDRESS			Change	Addition
CITY-ST-ZIP		☐ DELETE	2.2 NA 2.3 STI 2.4 CF	ME REET				☐ Change	Addition
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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

CHARTER TACKSON ED CHARTE OF SIGNING OFFICER OR DIRECTOR

3.9.9

(305) 820-8207

R2E034 (11/98