

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 037 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000086505

1. Corporation Name
BOTICS COMPUTER CONSULTING SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 8900 SW 107 AVE. #206 MIAMI FL 33176 | Mailing Address 8900 SW 107 AVE. #206 MIAMI FL 33176 |
|--|--|

DO NOT WRITE IN THIS SPACE

| |
|---|
| 3. Date Incorporated or Qualified 10/08/1998 |
| 4. FEI Number 58-2421525 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| 2. Principal Place of Business 21 8170 SW 142 Terr | 2a. Mailing Address 26 8170 SW 142 Terr |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Miami, FL | City & State 28 Miami, FL |
| Zip 24 33158 | Zip 29 33158 |

9. Name and Address of Current Registered Agent

KOBRIK, DAVID A
 8900 SW 107 AVE, #206
 MIAMI FL 33176

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Richard H. Reynolds |
| 82 Street Address (P.O. Box Number is Not Acceptable) 8170 S.W. 142 Terr |
| 83 |
| 84 City Miami FL 85 Zip Code 33158 |

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 Richard H. Reynolds DATE 2/2/99

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

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|----------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> |
| NAME | REYNOLDS, RICHARD H | |
| STREET ADDRESS | 8170 SW 142 TERR | |
| CITY-ST-ZIP | MIAMI FL 33158 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------------------|--|-----------------------------------|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | R. E. O. Reynolds, Richard H. | | |
| 1.3 STREET ADDRESS | 8170 SW 142 Terr | | |
| 1.4 CITY-ST-ZIP | Miami FL 33158 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 address, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/2/99 DAYTIME PHONE: 305.255.3287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)