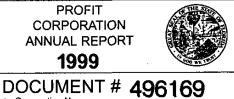
PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90324 003 ***150.00

CENTURION COMPUTER SYSTEMS, INC.								
Oringinal Place	of Puningen	Mailing Address			<u>-</u>	}	OU BIRIL (OO)	
Principal Place of Business 6175 N.W. 167TH STREET #38 MIAMI FL 33015		1440 CORAL RIDGE DR SUITE 281 CORAL SPRINGS FL 33071 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					01/13/1976			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1667102	 	olied For		
Suite And # ato		Suite, Apt. #, etc.				\$8·75.A	Applicable	
Suite, Apt. #, etc		27		5. Certificate of Status Desired	Fee Red			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Country 30			8. This corporation owes the current year Intangible Personal Property Tax.			
24	. 25 9. Name and Address of Current		\neg		10. Name and Address of New Regi			
			81 Na	me : 7 =		TCHELL		
	HELL, JOSEPH W. ` 1 ANGEL WING DR		82 St	eet Adare	SS (P.O. BOX Number is Not Acceptable)			
	ARAC FL 33321		83	1059	71 ANGEL WING	2<		
					· · · · · · · · ·			
			84 Cit	IAM	DRAC	FL 85 Zip C	32/	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, the Florida, Such change was authorized the Section 607.0505, Florida S	e above-nar zed by the o tatutes.	ned corpo corporation	ration submits this statement for the purply board of directors. I hereby accept the	oose of changing its appointment as reg	registered pistered	
			tecc	3	ONESIDENT when reinstating)	4/15/99		
	Signature, orped or printed name of registered agent a	and title if applicable. (NOTE: Register		iture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	PS IN 12	é
12.	PD OFFICERS AND	DIRECTORS	.3. 1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition	7
NAME	MITCHELL, JEFFREY M.		2 NAME			-		7
STREET ADDRESS	10891 ANGEL WING DRIVE	1.	3 STREET ADDE	RESS			1	Ĺ
CITY-ST-ZIP	TAMARAC FL		4 CITY-ST-ZIP					Š
TITLE	STD	☐ DELETE 2.	1 TITLE			☐ Change	☐ Addition	٠
NAME	•		2 NAME					
STREET ADDRESS	641 NW 108TH AVE PLANTATION FL	- · · · · · · · · · · · · · · · · · · ·	3 STREET ADDR	ESS	· · · · · · · · · · · · · · · · · · ·			~
CITY-ST-ZIP TITLE	LOUINIONIL		4 CITY-ST-ZIP			Change	Addition	
NAME	. · · · · · · · · · · · · · · · · · · ·	_	2 NAME	-				
STREET ADDRESS	'	3.	3 STREET ADOR	RESS				
CITY-ST-ZIP	·		4. CITY-ST-ZIP					
TITLE		☐ DELETE 4.	1 TITLE	1		Change	Addition	
NAME			2 NAME				}	
STREET ADDRESS			3 STREET ADDI	ESS				
CITY-ST-ZIP	·		4 CITY-ST-ZIP	_		☐ Change	Addition	
TITLE			1 TITLE 2 NAME	Ì		90		
NAME STREET ADDRESS	•		3 STREET ADDI	RESS				
CITY-ST-ZIP			4 CITY-ST-ZIP					
TITLE	-		1 TITLE			Change	Addition	
NAME		6.	2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

SIGNATURE: ~

STREET ADDRESS

CITY-ST-ZIP