

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**



**THE GOVERNMENT OF STATE**

APPROVED  
AND  
FILED

SS MAY 10 PM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 593723

10

## **BROWARD COMPUTER SERVICES, INC.**

#### **REFERENCES**

— 1 —

**2501 ANTIGUA TERR. (M-#3)  
COCONUT CREEK FL 33096**

2501 ANTIGUA TERR. (M-#3)  
COCONUT CREEK FL 33066

#### INTERVIEW WITH THE LEAD

3. Date First Received or Qualified <b>11/10/1978</b>	3a. Date of Last Report <b>04/26/1994</b>
4. EIN Number <b>59-1867600</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. The corporation is liable for unpayable tax under S. 169 if S. 169 cannot be satisfied from the corporation's assets.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent** \_\_\_\_\_ **10. Name and Address of New Registered Agent** \_\_\_\_\_

SHEPARD, GEORGE  
2501 ANTIGUA TERR. (M-3)  
COCONUT CREEK FL 33066

B1	Name		
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	B5	Ap Code

11. I, John M. Gandy, do hereby state that I am a Notary Public in the State of Florida. No notary public in the State of Florida has ever been appointed to act as my Notary Public. I have never been appointed to act as a Notary Public in any other state or territory.

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12.	OFFICE ID# AND UNIT NUMBER	13.	Additional Information (Check If Applicable) <input type="checkbox"/> Change <input type="checkbox"/> Add
	<b>PD</b> <b>SHEPARD, GEORGE</b> <b>2501 ANTIGUA #M-3</b> <b>COCONUT CREEK FL</b>	4. NAME 5. STREET ADDRESS 6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<b>D</b> <b>SHEPARD, DOROTHY</b> <b>2501 ANTIGUA #M-3</b> <b>COCONUT CREEK FL</b>	4. NAME 5. STREET ADDRESS 6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<b>D</b> <b>ULLIAN, ELAINE SHEPARD</b> <b>127 JORDAN RD.</b> <b>BROOKLINE MA</b>	4. NAME 5. STREET ADDRESS 6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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		4. NAME 5. STREET ADDRESS 6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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		4. NAME 5. STREET ADDRESS 6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I certify, certify, that the information supplied with this filing is voluntarily furnished and done, not qualify for the exemption stated in Section 119(7)(b) and 119(7)(c) from disclosure. Further certify, that the information is disclosed on the annual report or supplemental annual report in one and one-half and that my signature shall have the same legal effect as if made under oath, and is of the character of all the co-signature of the executive or director designated to make up the report as required by Chapter 6(2) - Financial Statutes, and that my name appears on the back of this Form 10-Q and changes or adds after formed with an address.

**SIGNATURE:** *George Shepard* **GEORGE SHEPARD**  
MIDDLE NAME, AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/91 305-968-7306