PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 662258

1. Corporation Name

SIGN-ON COMPUTER SERVICES, INC.

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Principal Place	e of Business	Ma	iling Address						IBIL BIBIL BIBIL B	IBIT BEBEL HOUT	
8390 NW 53 STREET		8390 NW 53 STRET									
SUITE 202		SUITE 202			DO NOT WRITE IN THIS SPACE						
MIAMI FL 33166		MIAMI FL 33166			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
US		US					04/30/1980				
2 Principal Pl	lace of Business	2a.	Mailing Address		-		4. FEI Number		Ap	olied For	
21		26	maining riddi doo				59-1996322		<u> </u>	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75 A		_
22		27.			د-جندین	5. Certificate of Status Desired		Fee Re	quired		
City & State	ə		City & State				6. Election Campaign Financing		\$5.00	•	
23		28					Trust Fund Contribution		Added to	o Fees	
Zip	Country		Zip	$\overline{}$	ıntry		8. This corporation owes the curre	ent year Inte		□No	
24	25	29 t Basist	tored Ament	30	_		Personal Property Tax. 10. Name and Address of New R	egistered a			
	9. Name and Address of Current	t Regist	erea Agent		81	Name	IV. Haine and Address of New N	.cgistorea i			
HEIS	STAND, STEVEN										
	NW 18TH TERRACE				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
SUITE 206					83 6 1					-	
MIAN	MI FL 33172				Ш		e 202] [-: 2	· · ·	Ì
					84	City M v	am î	FL	85 Zip C	3166	
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statu	tes, the a	bove	-named corp	oration submits this statement for the	purpose of	changing its	registered	1
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	a. Such change was a	authorized	o by t	the corporatio	on's board of directors. I hereby accep	it the appoir	ntment as reg	gistered	
	m lamiliar with, and accept the obligat	dona or,	0000011 007.0000, 1 %	31100 0101							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	applicable. (NOTI	E: Registered	d Agent	t signature required	d when reinstating)	DATE			ا (
12.	OFFICERS AN	D DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	9
TITLE			*						~ 		
	PD		☐ DELETE	1.1 TI	ITLE				Change	Addition	;
NAME	PD HEISTAND, STEVEN			1.1 TI 1.2 N					~ 		3
NAME STREET ADDRESS	HEISTAND, STEVEN 1051 FAIRFAX LANE			1.2 N	AME	ADDRESS			~ 		777
	HEISTAND, STEVEN 1051 FAIRFAX LANE FT. LAUDERDALE FL		□ OELETE	1.2 N 1.3 S 1.4 C	ame Treet ITY-st				☐ Change	☐ Addition	77700000
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STREET ADDRESS CITY-ST-ZIP	HEISTAND, STEVEN 1051 FAIRFAX LANE FT. LAUDERDALE FL V WISOLMERSKI, MICHAEL		□ OELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	AME TREET ITY-ST ITLE AME	ZIP			☐ Change	☐ Addition	777 7001000
STREET ADDRESS CITY-ST-ZIP TITLE	HEISTAND, STEVEN 1051 FAIRFAX LANE FT. LAUDERDALE FL V WISOLMERSKI, MICHAEL 20141 NW 10 STREET		□ OELETE	1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	AME TREET TY-ST TILE AME TREET	-ZIP ADDRESS			☐ Change	☐ Addition	10000
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEISTAND, STEVEN 1051 FAIRFAX LANE FT. LAUDERDALE FL V WISOLMERSKI, MICHAEL 20141 NW 10 STREET PEMBROKE PINES FL 33029		☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	AME TREET ITY-ST ITLE AME TREET CITY-ST	-ZIP ADDRESS			☐ Change	☐ Addition	20000
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SIGNATURE:

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 of the feceiver 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, own an attachment with an address, with all other like empowered.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90025 012 ***150.00