

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90025 012 \*\*\*150.00

DOCUMENT # 662258

1. Corporation Name

SIGN-ON COMPUTER SERVICES, INC.

Principal Place of Business

8390 NW 53 STREET  
SUITE 202  
MIAMI FL 33166  
US

Mailing Address

8390 NW 53 STRET  
SUITE 202  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1980

4. FEI Number

59-1996322

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HEISTAND, STEVEN  
8725 NW 18TH TERRACE  
SUITE 206  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8390 NW 53<sup>rd</sup> Street

83 Suite 202

84 City Miami

85 Zip Code FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HEISTAND, STEVEN  
STREET ADDRESS 1051 FAIRFAX LANE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V ☐ DELETE

NAME WISOLMERSKI, MICHAEL  
STREET ADDRESS 20141 NW 10 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE V ☐ DELETE

NAME HILLER, MICHAEL  
STREET ADDRESS 20321 NW 2ND ST.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE V ☒ DELETE

NAME BLOTHCHER, FREDRIC  
STREET ADDRESS 6863 SW 113 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME CALDERA, FLAVIO  
STREET ADDRESS 4625 SW 140 CT  
CITY-ST-ZIP MIAMI FL 33175

TITLE V ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR  
Steven Heistand

4/27/99

Date

(305) 594-9010

Daytime Phone #

CR2E034 (11/98)