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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F91757

Mailing Address

CONDO COMPUTING SERVICES, INC.

SIGNATURE: MANOR OF DAVIS

| FILED              |
|--------------------|
| Mar 31 1997 8:00am |
| Secretary of State |
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|--|--|--|---|--|---|---|--|--|

| 7450 N.W. 1<br>P.O. BOX 16<br>PLANTATION | 6836   | 7450 N.W. 10TH CT.<br>P.O. BOX 16836<br>PLANTATION FL 33313-59       | 907                      |                    | Date Incorporated or Qualified  | 3a. Date of L      | ast Report                  |
|--|--|--|--------------------------|--------------------|---|--------------------|-----------------------------|
|  |  |  |                          |                    | 07/23/1982  | 04/08/18           |                             |
| 2. Principa                              | l Place of Business                              | 2a. Mailing Address  |                          |                    | 4. FEI Number   | 1                  | Applied For                 |
| 21                                       |  | 26   |                          |                    | 59-2222823  |                    | Not Applicable              |
|  | ot #, etc.                                       | Suite, Apt. #, etc.  |                          |                    | 5. Certificate of Status Desired  | 7 -                | .75 Additional              |
| 22                                       | No. No.  | City & State   |                          |                    |   | <del> </del>       | ee Required                 |
| City & SI                                | GIUC:  | 28   |                          |                    | Election Campaign Financing Trust Fund Contribution   |                    | 5.00 May Be<br>dded to Fees |
| Zip                                      | Country  | Zip  | Cour                     | ntry               | 8. This corporation has liability for   |                    | <del></del>                 |
| 4  | 25   | 29   | 30                       |                    |   | Yes No             |                             |
|  | 9. Name and Address of Curr                      | ent Registered Agent   |                          |                    | 10. Name and Address of New Re  | gistered Agent     |                             |
| н  | aagenson, <del>r</del> oger d                    |  |                          | 81 Name            |   |                    |                             |
| 80                                       | 00 E. BROWARD #601                               |  | •                        | 82 Street          | Address (P.O. Box Number is Not Acceptate   | ole)               | <del> </del>                |
| F  | T. LAUDERDALE FL                                 |  |                          |                    |   |                    |                             |
|  |  |  |                          | 83                 |   |                    |                             |
|  |  |  | •                        | 84 City            |   | <b></b>            | Zip Code                    |
|  |  |  |                          |                    |   | FL ["              | <u> </u>                    |
| office c                                 | or registered agent, or both, in the Sta         | ite of Florida. Such change was                                      | authorized               | by the corp        | corporation submits this statement for the poration's board of directors. I hereby accept   |                    |                             |
| agent                                    | Lam lamiliar with, and accept the ob-            | ligations of, Section 607.0505, F                                    | lorida Stat              | utes.              | , ,   |                    | Ū                           |
| SIGNATUR                                 | Fig. above, typed or pech discause of more tened | Ato Ato  | TE Document              | Apost algebra      | required when reinstating)  | DATE               |                             |
| 12.                                      |  | AND DIRECTORS  | 13.                      | Agent signature    | ADDITIONS/CHANGES TO OFFIC  |                    | CTORS IN 12                 |
| 101E                                     | DP DP  | DELETE   | 1.1 111                  | 1.F                |   | □ CI               |                             |
| NAME                                     | DAVIS, ARNOLD M                                  | _  | 1.2 NA                   |                    |   |                    |                             |
| STREET ADDRES                            | PARA ABAI ANTIL OT                               |  |                          | REET ADORESS       |   |                    |                             |
| CITY ST-ZIP                              | PLANTATION FL                                    |  |                          | Y-ST-ZIP           |   |                    |                             |
| TiTLE                                    | DVP  | DELETE   | 2.1 TIT                  |                    |   | Ct                 | hange Addition              |
| NAME                                     | BAEZA, DANIEL M                                  |  | 2.2 NA                   | ME                 |   |                    |                             |
| STREET ADDRES                            | 64616#FW WWW                                     |  | 2381                     | REET ADDRESS       |   |                    |                             |
| CITY - \$1 - ZIP                         | CORAL SPRINGS FL                                 |  | 2. 4 C                   | TY-ST-ZIP          | •   |                    |                             |
| 101,6                                    | DVP  | ☐ DELETE   | 3.1 TO                   | 'LE                |   | ☐ Ci               | hange Addition              |
| NAM <del>é</del>                         | nina baeza                                       |  | 3.2 NA                   | ME                 |   |                    |                             |
| STREET ADDRES                            | ss 7592 PARKVIEW WAY                             |  | 3.3 ST                   | REET ADDRESS       |   |                    |                             |
| CHY-ST-ZIP                               | CORAL SPRINGS FL                                 |  | 3.4. C                   | TY-ST-ZIP          |   |                    |                             |
| TILE                                     | DVP  | ☐ DELETE   | 4.1 Til                  | LE                 |   | C                  | hange Addition              |
| NAME                                     | ROSALIND P DAVIS                                 |  | 4. 2 N                   | AME                |   |                    |                             |
| STREET ADDRES                            |  |  | 4.3 ST                   | REET ADDRESS       |   |                    |                             |
| City - ST - 7IP                          | PLANTATION FL                                    |  |                          | [Y-S]+ <b>Z</b> (P |   |                    |                             |
| TILLE                                    |  | ☐ DELETE   | 5.1 Til                  | 'L€                |   | ☐ CI               | hange Addition              |
| NAM:                                     |  |  | 5.2 NA                   | ME                 |   |                    |                             |
| STREET ADDRES                            | 88   |  | 5.3 ST                   | REET ADDRESS       |   |                    |                             |
| CITY-ST-ZIP                              |  | · · · · · · · · · · · · · · · · · · ·                                |                          | TY-ST-ZIP          |   |                    |                             |
| 11116                                    |  | ☐ DELETE   | 6.1 TI                   | LE                 |   | L CI               | hange Addition              |
| NAME                                     | 1  |  | 6.2 N/                   | ME                 |   |                    |                             |
| STREET ADDRES                            | SS   |  | 6.3 ST                   | REET ADDRESS       | • ,   |                    |                             |
| ČITY - ST - 719                          |  |  |                          | TY-ST-ZIP          |   |                    |                             |
| informa<br>Larri ar                      | ation indicated on this annual report of         | or supplemental annual report is<br>for the receiver or trustee empo | true and a<br>wered to e | sccurate and       | tated in Section 119.07(3)(i), Florida Statute<br>I that my signature shall have the same legi<br>eport as required by Chapter 607, Florida s | al effect as if ma | ade under oath; tha         |