

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004712 (6)**

1. Corporation Name

MODULAR COMPUTER SYSTEMS, INC.

Daimler-Benz Systems, Inc.

Principal Place of Business

Mailing Address

1650 W MCNAB RD
FT LAUDERDALE FL 33309
US

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FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1993

4. FEI Number

65-0437946

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1201 N Market St.	26 375 Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1406	27 suite 3001
City & State	City & State
23 Wilmington, DE	28 New York, NY
Zip	Zip
24 19801	29 10152
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VO	1.1 TITLE	P
NAME	APPEL, MANFRED	1.2 NAME	Michael Flood
STREET ADDRESS	810 VALENCIA DR.	1.3 STREET ADDRESS	375 Park Ave., Suite 3001
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	New York, NY 10152
TITLE	POD	2.1 TITLE	S
NAME	CLARY, JOHN	2.2 NAME	Robert Karcher
STREET ADDRESS	352 EASTWOOD TERRACE	2.3 STREET ADDRESS	375 Park Ave., Suite 3001
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	New York, NY 10152
TITLE	STO	3.1 TITLE	T
NAME	FLANAGAN, JAMES R	3.2 NAME	Harvey Traison
STREET ADDRESS	5840 NW 72 WAY	3.3 STREET ADDRESS	375 Park Ave., Suite 3001
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	New York, NY 10152
TITLE		4.1 TITLE	900002464029
NAME		4.2 NAME	-03/20/98--01113--005
STREET ADDRESS		4.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Timotheus Pohl
STREET ADDRESS		5.3 STREET ADDRESS	375 Park Ave., Suite 3001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10152
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Harvey Traison
STREET ADDRESS		6.3 STREET ADDRESS	375 Park Ave., Suite 3001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10152

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.

SIGNATURE:

Michael Flood 3598 212 909 9719

CR2E034 (10/97)