SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. Amount due on or before 8/7/96: \$225 (IF dissolved, minimum amount due to reinstate: \$375.)						
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # E0400000740 (4)						
EXPERT COMPUTER SOLUTIONS, INC.						
		inu.				
Principal Place of Business		Mailing Address				I ANNI DIGET UNIVER LINDU DUCI (DUC)
1972 WESTBOURNE DR. OVIEDO FL 32765		1972 WESTBOURNE DR. OVIEDO FL 32765				
					3. Date Incorporated or Qualified 02/10/1994	3a. Date of Last Report 04/10/1995
 Principal Place of Business 21 		2a. Mailing Add	2a. Mailing Address 26		4. FEI Number 59-3161420	Applied For Not Applicable
	Suite, Apt. #, etc		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip 24	Country	28 Zip	Zip Country		Trust Fund Contribution 8. This corporation has liability for in	
24	25 9. Name and Address of Currer	29 nt Registered Agent	30		Florida Statutes	Yes V No
BRANHAM, RANDY 1972 WESTBOURNE DR.				81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable	
OVIEDO FL 32765				83		
				84 City		65 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co					poration submits this statement for the pu	
office or registered agent, or both, in the State of Florida. Such change was autorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
12.	Signature typed or protect out in of registered agr OFFICERS AN	ent and their applicable	(NOTE Regene	ered Agent signature raqui	red whee ministaling) ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	— • · · · · · · · · · · · · · · · · · ·		TITLE		Change Add tion
NAME STREET ADDRESS	BRANHAM, RANDY JR 1972 WESTBOURNE DR.			NAME		E034 (
CITY-ST-ZIP	OVIEDO FL 32765			STREET ADDRESS		32E0
TITLE	V		E. ETC	TITLE	······································	Change Addition
NAME STREET ADDRESS	Branham, Joan 1972 Westbourne dr.			NAME		
CITY - ST - ZIP	OVIEDO FL 32765		2 4	4 CITY - ST - ZIP		
TITLE				TITLE		Change Addition
STREET ADDRESS				NAME STREET ADDRESS		
CITY - ST - ZIP			34	CIFY-ST-ZIP	·····	
TITLE NAME				DILE		Change Addition
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP		······································	44	CITY - ST-7/P		
TITLE	i 1			TITLE		Change Addition
STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP			5.4	CITY - ST - ZiP		
TITLE NAME		[_] D		TITLE		Change Addition
STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP			64	C(1)Y - ST - 7IP		
					ify for the exemption stated in Section 11 and accurate and that my signature shall	
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: JOM DAAN AM 7/2/94 (407) 359-7045						