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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005151

1. Corporation Name

CITY-ST-ZIP

DIVERSIFIED COMPUTER CONSULTANTS, INC.

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Principal P ace of Business			Mailing Address						* 1051(25 1110 1911) 12		· ·· · · · · · · · · · · · · · · · · ·		
1370 ENERGY CENTRE 1100 POYOFAS ST.		1100	1370 ENERGY CENTRE 1100 POYORAS ST.						DO N	OT WRITE IN T	r IS SPA	ACE	
NEW ORLEANS LA 70163			NEW ORLEANS LA 70163					3. Date Incorporated or Qualifed					
								"	10/01/1997				
2 Deimainal Di	and of Business	- 12a A	Mailing Address					14	FEI Number			T A	plied For
2. Principal Place of Business			26						-72-14747 <u>97-</u> -				of Applicable_
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\Box	-		<u> </u>		Additional
	r, etc.	27	one, ript. n, oto.					5.	. Certifcate of Status D	esired 🗌	•		equired
City & State			City & State					R	. Election Campaign F	inancing		\$5.00	May Be
			28					"	Trust Fund Contribute	1 1		•	to Fees
Z ip	Courtry		ip.	Cou	ntry			8	. This corporation owe		- —— r∣ntangi	ble	
24	25				·			1 -	Persor al Property Ta			Yes	□No
	9. Name and Address of Curren		red Agent	1.701.				10.	. Name and Address	of New Registe	r∉d Age	nt	
					81	Nan	ne						
LAJA	unie, brent				82		-t A. du	15	D.O. Box Mumbor in No	d Ancontoble)			
5950 HAZELTINE NATIONAL DR #410						Stre	treet Acdress (P.O. Box Number is Not Acceptable)						
	NDO FL 32822				83								
					Ш							-1	
					84	City				1	₣ <u>┟</u> ぱ	5 Zip	Code
11 Burenant 1	o the provisions of Sections 607.050	2 and 607	1508 Florida Statu	tes, the a	bove	l e-nam	ed cc rpc	oratio	on submi s this stateme	nt for the purpos	e of cha	nging its	registered
office crrs	o the provisions of Sections 607.050. egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida.	. Such change was :	authorized	l by	the co	rporatio	n's b	oard of directors. I her	eby accept the ap	of ointme	ent as re	eg stered
SIGNATURE		_											
	Signature, typed or printed na ne of registered ager			: Registered	Agen	it signati	re required		reinstating) ADDITIONS/CHANGE	DATE S TO DEFICERS		NRECT(DE'S IN 12
	OFFICERS AN	ID DIREC	DELETE	13.			478		OPERATING OF			Change	Addition
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NAME	MCCARTHY, PAUL J			1.2 N/			CIA	RTE	oyalrus street	と なつ3 屋 /	NERG	V CE	NTRE
STREET ADDRESS	116 CHERRY CREEK DR.					ADDRE						ж -	
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TITLE	V		DELETE	2.1 TI			FRE	5510	ENT		(25,1	Change	
NAME	MCCARTHY, SHERRY			2.2 N			F'A	uL_	J.M. CARTHY BYDRIG STREE	- 1770	C: 41= 9	ZWV 1	- ATTRE
-STREET ADDRE 3S	-116 CHERRY CREEK-DR:		- ~	2.3 S	REET	(ADDRE	SS 1100) K	DADENS DLEE				 • • • •
CITY-ST-ZIP	MANDEVILLE LA 70448	- 				T-ZIP	NE	<u>~</u>	DRLEANS, LA	70163		LChanno	Addition
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NAME				3.2 N	AME		SH	ERR	ry MICCARTHY Bydras Stree	+ 1370 6	VER	54 C	ENTRE
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NAME				6.2 N	AME		-						
STREET ADDRESS				63 S	REET	ADDRE	ss						

14. Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF HIGHING OFFICER OR DIRECTOR

1504) 585-7346