SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

F9700006354 (1)

MCBRIDE COMPUTER SOLUTIONS, INC.

**ALBUQUERQUE NM 87109** 

CITY-ST-ZIP

<b> </b>					<u></u>		
Principal Place of Business		Mailing Address	Mailing Address				ii <b>adiin</b> bilan kisat alibi etni tahi
SSSS MCLEOD N.E. ALBUQUERQUE NM 87109		5555 MCLEOD N.E.					
ALDUGUENQUE NM 8/109		ALBUQUERQUE NM 87109				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
L						11/12/1997	
· ·	Place of Business	2a. Malling Address				4. FEI Number	Applied For
21		26			<u> </u>	85-0374286	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ale	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	T			Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Count	try		B. This corporation owes or has paid the cu     Personal Property Tax due June 30.	urrent year Intangible  Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	
CT	CORPORATION SYSTEM		8	1 Na	me		
	O SOUTH PINE ISLAND ROAD INTATION FL 33324		E	32 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	
''	MIAIION FE 33324		6	33			
]			8	64 Cit	1	Fi	85 Zip Code
11. Pursuan	nt to the provisions of sections 607.050	2 and 607.1508, Florida Statu	tes, the abov	e-name	ed corpore	stion submits this statement for the number of o	changing its registered
f ource or	r regist <b>ere</b> d agent, or both, in the State am fa <b>mi</b> liar with, and accept the oblig	e of Florida. Such change was	authorized I	by the c	orporatio	n's board of directors. I hereby accept the appo	ointment as registered
SIGNATURE	·						
<u> </u>	Signature, typed or printed name of registered age			Agent sk	nature requi	red when reinstating) DATE	
<b>12</b> .	OFFICERS AN	ND DIRECTORS	13.		pnature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	F-1
12. TITLE	OFFICERS AN		13. 1.1 TITLE		nature requi		AND DIRECTORS IN 12  Change Addition
TITLE	OFFICERS AN P MCBRIDE, TERESA N	ND DIRECTORS	13. 1.1 TITLE 1.2 NAMI	E			F-1
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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 attack ment with an endress.

6.4 CITY-ST-ZIP

**FILED** 

Sep 09 1998 8:00am

Secretary of State