

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90126 041 \*\*\*150.00

DOCUMENT # F98000003102

1. Corporation Name

NEW YORK NATIONAL COMPUTERIZED AGENCIES CORP.

Principal Place of Business

3285-3 VETERANS MEMORIAL HWY.  
RONKOKOMA NY 11779

Mailing Address

3285-3 VETERANS MEMORIAL HWY.  
RONKOKOMA NY 11779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

11-2432477

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 926

Suite, Apt. #, etc.

27 City & State

28 Osprey FL

Zip

29 34229

Country

30 USA

9. Name and Address of Current Registered Agent

MCDOWELL, LAURIE  
4736 WATERMARK LANE  
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

Laurie McDowell

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

5134 Timber Chase Way

83

84 City

Sarasota

FL

85 Zip Code

34238

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

*Laurie McDowell*

*T. Mas.*

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE  
NAME MILLER, H. LINCOLN  
STREET ADDRESS 773 ST. JUDES DR. N.  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE CS ☐ DELETE  
NAME MILLER, MARGARET  
STREET ADDRESS 773 ST. JUDES DR. N.  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE DV ☐ DELETE  
NAME MILLER, ERIC L  
STREET ADDRESS 25 PILGRIM DR.  
CITY-ST-ZIP PORT JEFFERSON NY 11777

TITLE D ☐ DELETE  
NAME BURNS, THOMAS J  
STREET ADDRESS 3 WHEAT PATH  
CITY-ST-ZIP MT. SINAI NY 11766

TITLE T ☐ DELETE  
NAME MCDOWELL, LAURIE  
STREET ADDRESS 4766 WATERMARK LN.  
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME T. McDowell  
5.3 STREET ADDRESS 5134 Timber Chase Way  
5.4 CITY-ST-ZIP Sarasota FL 34238

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Laurie McDowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/99

Daytime Phone #

8006028809

CR2E034 (11/98)