PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED Mar 26 1998 8:00an Secretary of State			
	1998 MENT # G4	8648	DIVISION OF	CORPOR.	ATIONS 			state
	ESS & COMPUTER S	Services, inc						
6065 SOUTH P O 80X 394	e of Business GULF MANOR 17 FL 32526-1568	606: P 0 PEN	Mailing Address 6065 SOUTH GULF MANOR P O BOX 3947 PENSACOLA FL 32516-3947			DO NOT WRIT	E IN THIS SPACE	1997 ( 9793 ) <b>299</b>
US		US				3. Date Incorporated or Qualified 07/14/1983		
2. Principal P	lace of Business	28. M	Mailing Address			4. FEI Number 59-2302193		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
2 City & Stat	e	27	Dity & State			6. Election Campaign Financing		Required May Be
j Žip	Country	28	2ip	Cou	ntry	Trust Fund Contribution  8. This corporation owes or has p	Adda	d to Fees
<u>ן</u>	25 9. Name and Address	29		30	····	Personal Property Tax due Jun     Name and Address of New R	e 30. 🔲 Yes	No No
606	MOS, ABEL 15 SOUTH GULF MANO NSACOLA FL 32526	R				Iress (P.O. Box Number is Not Accepta	ble)	
					83		100 3	- O-do
		ns 607.0502 and 607	7.1508, Florida Statu	tes, the a	84 City	poration submits this statement for the		ip Code
		ns 607.0502 and 607 In the State of Florida I the obligations of S	7.1508, Florida Statu L Such change was Section 607.0505, F	tes, the a authorize lorida Stat	84 City	poration submits this statement for the tion's board of directors. I hereby acce		
1. Pursuant office or r agent. I a SIGNATURE	to the provisions of Section egistered agent, or both, ir m familiar with, and accep Signature, typed or proted name of	registered againt and litle if	atu-icable (NO	TE: Rogistere	84 City	ired when reinstating)	PL. purpose of changin pt the appointment DATE	g its registered as registered
<ol> <li>Pursuant office or r agent. I a SIGNATURE</li> <li>2.</li> </ol>	to the provisions of Section egistered agent, or both, ir m familiar with, and accep Signature, typed or proted name of		atu-icable (NO	TE: Rogislere 13.	84 City pove-named cor d by the corpora utes. d Agent signature requi		PL. purpose of changin pt the appointment DATE	g its registered as registered ORS IN 12
1. Pursuant office or r agent. I a SIGNATURE 2. ITLE ITLE IREET ADDRESS	to the provisions of Section egistered agent, or both, in im familiar with, and accep Signature, typed or printed name of OF FI	Indistanced against and late if a ICERS AND DIRECT	applicable (NO ORS	TE: Rogistere <b>13.</b> 1.1 Ti 1.2 N/ 1.3 Si	84 City pove-named cor d by the corpora utes. I Agent signature requ	ired when reinstating)	PL purpose of changin pointment DATE ICERS AND DIRECT	g its registered as registered ORS IN 12
1. Pursuant office or r agent. 1 a SIGNATURE 2. ITLE AME TREET ADDRESS ITY - ST - ZIP ITLE AME	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	applicable (NO ORS	TE: Rogistere <b>13.</b> 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/	84 City Dove-named cor d by the corpora utes. J Agent signature requind ILE WHE REET ADDRESS TY - ST - ZIP TLE	ired when reinstating)	PL purpose of changin pointment DATE ICERS AND DIRECT	g its registered as registered ORS IN 12 le Addition
1. Pursuant office or r agent. 1 a SIGNATURE 2. ITLE INME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP	to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or preind name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A.	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	applicable (NC ORS DELETE	TE: Rogistere <b>13.</b> 1.1 TI 1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	E4 City     Dove-named cor     d by the corpora     utes.     J Agent signature requ      ILE     WME     REET ADDRESS     TY-ST-ZIP     ILE     IME     REET ADDRESS     TY-ST-ZIP	ired when reinstating)	DATE	g its registered as registered ORS IN 12 le Addition
1. Pursuant office or r agent. 1 a iGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	apulicable (NC ORS DELETE	TE: Rogistere <b>13.</b> 1.1 Ti 1.2 No 1.3 ST 1.4 Cr 2.1 Ti 2.2 No 2.3 ST 2.4 C 3.1 Ti 3.2 No	City     City     Dove-named cor     d by the corpora     utes.     Ageni signature requ      ILE     WE     REET ADDRESS     TY - ST - ZIP     ILE     WE     REET ADDRESS     ITY - ST - ZIP     ILE     ME     ME	ired when reinstating)	PL     purpose of changin     pointment     DATE     CERS AND DIRECT     Chang     Chang	g its registered as registered ORS IN 12 le Addition
1. Pursuant office or r agent. 1 a IGNATURE 2. TLE MRE IREET ADDRESS TY-S1-ZIP TLE NME IREET ADDRESS TY-ST-ZIP TLE NME IREET ADDRESS	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	applicable (NC ORS DELETE	TE: Rogistere <b>13.</b> 1.1 Ti 1.2 No 1.3 ST 1.4 Cr 2.1 Ti 2.2 No 2.3 ST 2.4 C 3.1 Ti 3.2 No 3.3 ST	B4 City     Dove-named cor     d by the corpora     utes.     J Agent signature requ      ILE     WRE     REET ADDRESS     TY - ST - ZIP     ILE     WRE     REET ADDRESS     ITY - ST - ZIP     ILE     WRE     REET ADDRESS	ired when reinstating)	PL     purpose of changin     pointment     DATE     CERS AND DIRECT     Chang     Chang	g its registered as registered ORS IN 12 le Addition
1. Pursuant office or r agent. 1 a siGNATURE 2. TILE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	applicable (NC ORS DELETE	TE: Rogistere <b>13.</b> 1.1 Ti 1.2 No 1.3 ST 1.4 Cr 2.1 Ti 2.2 No 2.3 ST 2.4 C 3.1 Ti 3.2 No 3.3 ST	City     City     Doove-named cor     d by the corpora     utes.     Ageni signature requ      ILE     WRE     REET ADDRESS     TY - ST - ZIP     ILE     WRE     REET ADDRESS     ITY - ST - ZIP     ILE     WRE     REET ADDRESS     ITY - ST - ZIP     ILE     WRE     REET ADDRESS     ITY - ST - ZIP     ILE     WRE	ired when reinstating)	PL     purpose of changin     pointment     DATE     CERS AND DIRECT     Chang     Chang	e Addition
1. Pursuant office or r agent. 1 a IGNATURE 2. TLE MME REET ADDRESS TY-ST-ZIP TLE MME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE MME IREET ADDRESS	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	Applicable (NC ORS DELETE DELETE DELETE	TE: Rogistere 13. 1.1 TT 1.2 No 1.3 ST 1.4 Ct 2.1 TT 2.2 No 2.3 ST 2.4 Ct 3.1 TT 3.2 No 3.3 ST 3.4 Ct 4.1 TT 4.2 No 4.3 ST	B4 City     Dove-named cor     d by the corpora     utes.     J Agent signature requ      ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     MME     REET ADDRESS     ITY - ST - ZIP     ILE     MME     REET ADDRESS	ired when reinstating)		e Addition
1. Pursuant office or r agont. 1 a iGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	Applicable (NC ORS DELETE DELETE DELETE	TE: Rogisterie 13. 1.1 TT 1.2 NJ 1.3 ST 1.4 Cl 2.1 TT 2.2 NJ 2.3 ST 2.4 CC 3.1 TT 3.2 NJ 3.3 ST 3.4 CC 4.1 TT 4.2 NJ 4.4 CL 5.1 TT	B4 City     Dove-named cor     d by the corpora     utes.     J Agent signature requ      ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     WAE     REET ADDRESS     ITY - ST - ZIP     ILE     ILE	ired when reinstating)		e Addition
1. Pursuant office or r agont. 1 a IGNATURE 2. TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE ME	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	Applicable (NO ORS DELETE DELETE DELETE DELETE DELETE	TE: Rogisterie 13. 1.1 TT 1.2 NJ 1.3 ST 1.4 Cl 2.1 TT 2.2 NJ 2.3 ST 2.4 Cl 3.1 TT 3.2 NJ 3.3 ST 3.4 Cl 4.1 TT 4.2 NJ 4.3 ST 4.4 Cl 5.1 TT 5.2 NJ	B4 City     Doove-named cor     d by the corpora     utes.      J Agent signature requ      ILE     ME     REET ADDRESS     ITY - ST - ZIP     ILE     ME     REET ADDRESS     ITY - ST - ZIP     ILE     ME     REET ADDRESS     ITY - ST - ZIP     ILE     MAE     REET ADDRESS     ITY - ST - ZIP     ILE     MAE     REET ADDRESS     ITY - ST - ZIP     ILE     MAE	ired when reinstating)		e Addition
1. Pursuant office or r agont. 1 a iGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR 2000	Applicable (NO ORS DELETE DELETE DELETE DELETE DELETE	TE: Rogistere 13. 1.1 TT 1.2 NJ 1.3 ST 1.4 Cl 2.1 TT 2.2 NJ 2.3 ST 2.4 CC 3.1 TT 3.2 NJ 3.3 ST 3.4 CC 4.1 TH 4.2 NJ 4.4 CL 5.1 TT 5.2 NJ 5.3 ST 5.4 CL	B4 City     Dove-named cor     d by the corpora     utes.     J Agent signature requ      ILE     WME     REET ADDRESS     TY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP     ILE     WME     REET ADDRESS     ITY - ST - ZIP	ired when reinstating)		e Addition
1. Pursuant office or r agent. I a SIGNATURE	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or president name of OF FI DP RAMOS, ABEL 6065 SOUTH GULF I PENSACOLA, FL 000 ST RAMOS, SHIRLEY A. 6065 SOUTH GULF I	Ingistered agent and lete if a ICERS AND DIRECT MANOR DOO	Applicable (NO ORS DELETE DELETE DELETE DELETE DELETE	TE: Rogistere           13.           1.1 TT           1.2 N           1.3 ST           1.4 Ct           2.1 TT           2.2 N           2.3 ST           2.4 C           3.1 TT           3.2 N           3.3 ST           3.4 C           4.1 TF           4.2 N           4.3 ST           4.4 Ct           5.1 TT           5.2 NU           5.3 ST           5.4 Ct           6.1 TT           6.2 NU	84     City       boove-named cord     by the corporative requires.       d Agent signature requires.       d Agent signature requires.       d Agent signature requires.       fLE       MRE       REET ADDRESS       ITY - ST - ZIP       FLE       MRE       REET ADDRESS       ITY - ST - ZIP       FLE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE       MRE       REET ADDRESS       ITY - ST - ZIP       ILE	ired when reinstating)		e Addition

Į