Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90067 002 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # LIZAGO

1. Corporation	COMPUTER SYSTEMS, IN				
Principal Place	of Business	Mailing Address '			#1#11 e1e11 #1#11 e1e11 #1#11 1##1
12020 84TH WAY NORTH 12020 84TH WAY NORTH LARGO FL 33773 LARGO FL 34643 US				DO NOT WRITE IN THI	IS SPACE
03				3. Date Incorporated or Qualifed 09/09/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		59-2573149	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e '	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24	25	29 33773 3	10	Personal Property Tax.	☐ Yes Mo
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
1202	e, Denise G. 10 84TH Way N GO FL 33773		82 Street Add	ress (P.O. Box Number is Not Acceptable)	Tag Tip Code
			84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was auti ations of, Section 607.0505, Florid	norized by the corporati		ointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
IIITE	CPD ·	☐ DELETE	1.1 TITLE	* .	☐ Change ☐ Addition
NAME STREET ADDRESS	PAIGE, JOHN THOMAS 12020 84TH WAY NORTH		1.2 NAME 1.3 STREET ADDRESS		;
	LARGO FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PAIGE, DENISE G		2.2 NAME		
STREET ADDRESS	12020 84TH WAY NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C/TY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4.2 NAME		· ·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CTTY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME:			6.2 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP