

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # H88512 1. Entity Name FLORAL COMPUTER SYSTEMS, INC.	
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Principal Place of Business 8362 PINES BLVD SUITE 338 PEMBROKE PINES, FL 33024 US	Mailing Address 8362 PINES BLVD SUITE 338 PEMBROKE PINES, FL 33024 US
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02292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2803116	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIPSON, SAUL B.
1515 UNIVERSITY DR
SUITE 222
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000138678
04/29/04-80091-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, JOHN L., JR. 8362 PINES BLVD, #338 PEMBROKE PINES, FL
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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John L. Henderson, Jr. **John L. Henderson, JR.** 4/29/04 954-437-2461