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

DOCUMENT # J11517 1. Corporation Name

COMPUTER RESOURCE SERVICE, INC.

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Principal Place of Business Mailing Address							1				
458 CITRUS LN		PO BOX 5016									
P.O. BOX 5016			WINTER PARK FL 32793 US			DO NOT WRITE IN THIS SPACE					
MAITLAND FL 32751 US						3. Date Incorporated or Qualifed 04/28/1986					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applie	d For		
21			26			59-2701556			Not A	pplicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional					
22		27			5. Certificate of Status Desired		Fe	e Requi	red		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be					
23			28			Trust Fund Contribution		Ad	ded to F	ees	
Zip Country			Zip Country			This corporation owes the current year Intangible					
24	25		29	30			Personal Property Tax.		y Yes		No
	9. Name and	Address of Current	Registered Agent		ļ		10. Name and Address of Nev	Registered A	gent		
501	IOVOE				81	Name					
FOX,			82	Street Add	fress (P.O. Box Number is Not Acceptable)						
458 (MAIT					<u> </u>						
HICT	LAND FL 3275			83							
					84	City	•	FL		Zip Coc	1
office or re	egistered agent.	or both, in the State o	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Fl	authorized	i by i	the corpora	rporation submits this statement for ti tion's board of directors. I hereby acc	ne purpose of o ept the appoin	changin tment a	g its reç as regisi	gistered ered
SIGNATURE											{
	Signature, typed or prin	ted name of registered agent			Agent	t signature requi	red when reinstating)	DATE	N DUDE	OTODO	111.42
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS ANI	Cha		Addition
TITLE	TDS		☐ DELETE	1.1 TI						rige	
NAME	FOX, JOYCE			1.2 N	ME						
STREET ADDRESS 458 CITRUS LN			. 1.3 STREET ADDRESS			ADDRESS					
CITY-ST-ZIP	MAITLAND FL	<u> </u>			TY-ST				CO O		T A A SEC.
TITLE	PD		DELETE	2.1 TI	TLE	1 7	ŖD		X Cha	inge	Addition
NAME	GRAVETTE, R	EBECCA		2.2 N	ME		GRAVETTE, REBECCA				İ
STREET ADORESS	75 SORRENT	O CIRCLE		2.3 \$1			458 CITRUS LANE				
CITY-ST-ZIP	WINTER PARI	K FL		2.40	TY-S	T-ZiP	MAITLAND, FL				
TITLE			☐ DELETE	3.1 TI	TLE	-	•		Cha	nge	Addition
NAME				3.2 N	ME						
STREET ADDRESS				3.3 S	REET	ADDRESS					
CITY-ST-ZIP				3.4. C	ΠY-\$	T-ZIP					
TITLE	_		☐ DELETE	4.1 TI	TLE				☐ Cha	inge	☐ Addition
NAME				4. 2 N	AME						Ì
STREET ADDRESS				4.3 S	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI	TY-\$1	r-ZIP					
TITLE			☐ DELETE	5.1 TI					☐ Cha	inge	Addition
NAME				5.2 N	ME						
STREET ADDRESS				5.3 S	REET	ADDRESS					
CITY-ST-ZIP				5.4 C	TY- S1	T-ZIP					
TITLE			☐ DELETE	6.1 TI	TLE.	— 			Cha	inge	Addition
NAME			_ ======	6.2 N	ME						
NAME	i					ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90209 029 ***150.00