


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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J57487** (7)
1. Corporation Name
TOTAL COMPUTER SOLUTIONS, INC.



Principal Place of Business 3870 SAN JOSE PARK DRIVE JACKSONVILLE FL 32217 US	Mailing Address 3870 SAN JOSE PARK DRIVE JACKSONVILLE FL 32217 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8859 San Jose Blvd. Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32217 Country 25 US		2a. Mailing Address 26 P.O. Box 24900 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32241 Country 30 US		3. Date Incorporated or Qualified 02/13/1987	
		4. FEI Number 59-2824145		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KING, STEPHEN 3870 SAN JOSE PARK DRIVE JACKSONVILLE FL 32217				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KING, STEPHEN	1.2 NAME	
STREET ADDRESS	3870 SAN JOSE PARK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	VST
NAME	SULLIVAN, MICHAEL	2.2 NAME	Arnold, Thomas J.
STREET ADDRESS	3870 SAN JOSE PARK DR	2.3 STREET ADDRESS	8859 San Jose Blvd.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, FL
TITLE	D	3.1 TITLE	
NAME	SULLIVAN, MICHAEL	3.2 NAME	
STREET ADDRESS	3870 SAN JOSE PARK DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Stephen W. King **STEPHEN W. KING** 1/23/98 94-720-921

CR2E034 (10/97)