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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82227

(6)

DIVERSIFIED COMPUTER SOLUTIONS, INC.

## **FILED** Mar 13 1997 8:00am Secretary of State

Principal Place	e of Business		Mailing Address				T FOR INTER BARE I DAY (INDIA DISALA HADIL ISALI DIGIL GIGIL SISLI BISLI DISALI HADI						
701 E COMME	RCIAL BLVD		701 E COMMERCIAL BLVD										
200 FT LAUDERDAI	E EL 0004		200										
i fi daudekdai I US	LE FL 8334		FT LAUDERDALE FL 33334-3240 US			3	Date Incorporated or Qualified	ed 3a. Date of Last Report		Benort			
										07/13/1987		04/1996	
2. Principal P	lace of Busine	ess	2a.	Mailing Add	ress				4.	FEI Number		A	Applied For
21		26	26								lot Applicable		
Suite, Apt. #, etc.		} <u>-</u> -	Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional			
22				[27]							Required		
	ity & State City & State			6.	Election Campaign Financing	m		May Be					
23 Zip		Country	_ 28]	Zip		Cou	ntry			Trust Fund Contribution			to Fees
24	-	25	29	Lη	ļ.	30			8.	This corporation has liability for Florida Statutes	X Yes [	Tax onder TiNo	8. 199.032,
241		and Address of Curren		ered Agent	1	30]	·		10.	Name and Address of New R	egistered	Agent	
.140	USZTYN, RI						81	Name					
		MERCIAL BLVD.						- Ct1	0 -1-1	D.O. Dav. N. and a dia Nat. Accordi	hl-1		
	TE F200						82	Street	Address (i	P.O. Box Number is Not Accepta	ibie)		
	AUDERDAL	E FL 33334					83			······			
'''	- 10 - 2 - 10 - 1							0.				Jac 1 7:-	Codo
							84	City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provision	ons of Sections 607.0502	and 60	7.1508, Flor	ida Statute:	s, the al	povo	-named	corporation	on submits this statement for the	purposo o	changing	its registered
office or r	egistered age m familiar witl	ent, or both, in the State h, and accept the obliga	of Florida itions of,	a. Such cha Section 607	nge was au 1.0505, Flor	uthorize ida Stat	d by utes	the corp	poration's	board of directors. I hereby acce	ept the app	ointment a	s registered
SIGNATURE		, ,											
	Signature, typed o	r printed name of registered ager			(NOTE		d Age	nt signature	e required who		DATE		
12.		OFFICERS AND	DIREC		ELETÉ	13.				ADDITIONS/CHANGES TO OFFI	CERS AND		
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NAME		YN, RICHARD J.	IITC on	Δ.		1.2 N/							ŀ
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of the c

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