## 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 # **K24314**

1. Corporation Name

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90099 011 \*\*\*150.00

COMPUT	TER & COMMUNICATION SY	ystems, Inc.							
Principal Place	e of Business	Mailing Address				i ifficilit ara stave araba com s		111 01011 01011 011	
1040 N.W. 75TH TERRACE 1040 N.W. 75TH TERRACE									
PLANTATION FL 33313 PLANTATION FL 33313						DO NOT WR	ITE IN THIS	SPACE	
						Date Incorporated or Qualifed			
					3.	05/12/1988			
<b>A D d - i - 1 D i</b>	leas of Business	2a. Mailing Address			4	FEI Number		Apr	lied For
	ace of Business	<b>├</b> ── <b>┐</b>			"	65-0058681		_ <del> </del>	Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.								\$8.75 A	
					5.	Certifcate of Status Desired		Fee Req	
27					. 6	Election Campaign Financing		\$5.00 A	/lav Be
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	гу	8.	This corporation owes the cur	rent year Inta	angible	
24	25	29	30			Personal Property Tax.		☐ Yes [	□No
	9. Name and Address of Current		<u> </u>		10.	Name and Address of New	Registered /	Agent	
			1	1 Name					ļ
	NBERG, STEVEN A.		1	2 Street A	Address (P	.O. Box Number is Not Accept	table)		
8000 PETERS RD					bot Address (1.0. pox Hamber 10. 10. pox Hamber 10. 10. pox Hamber 10. 10. pox Hamber 10. pox Ha				
SUITE 303			1	3					
PLAN	NTATION 33324			4 City				85 Zip C	ode
				'			<u>FL</u>		)
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Fiorida, Such change was at	monzea i	ov ine corbo	corporation ration's bo	pard of directors. I hereby acce	pt the appoir	ntment as reg	stered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered A	gent signature re	equired when r	einstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P DELETE		1.1 TITE	1.1 TITLE				☐ Change	☐ Addition
NAME	BURROWS, REBECCA M.		1.2 NAM	Ę					}
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL		1.4 CITY	-ST-ZiP					
TITLE		☐ DELETE	2.1 TITL	E				Change	☐ Addition [
NAME			2.2 NAM	E					
STREET ADDRESS	,		2.3 STR	EET ADDRESS					
CITY-ST-ZIP			2. 4 CIT	/-ST-ŽIP		<u> </u>			
TITLE		. □ DELETE	~ 3.1 TΠL	· 1	- : · · -			Change	Addition
NAME			3.2 NAM	E					İ
STREET ADDRESS				+					ļ
CITY-ST-ZIP			3.3 STR	EET ADDRESS					
TITLE			3.4. CIT	(-ST-ZIP				ПФ	C Addition
		☐ DELETE	3.4. CIT 4.1 TITL	(-ST-ZIP E	·			Change	Addition
NAME		☐ 0ELETE	3.4. CIT	(-ST-ZIP E		,		Change	Addition
STREET ADDRESS	~	☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NAJ	(-ST-ZIP E		;	.,.	Change	☐ Addition
1	May a second		3.4. CIT 4.1 TITL 4. 2 NAJ 4.3 STR 4.4 CIT	(-ST-ZIP E ME EET ADDRESS '-ST-ZIP				· <del></del>	_
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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. CITY-ST-ZIP

**SIGNATURE:**