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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

K49256

(6)

CONTRACT COMPUTER SERVICES, INC.

Principal Place of Business

Mailing Address

FILED
May 04 1998 8:00am
Secretary of State



17110104	0, 200	iii.c.	00000						
7212 HOLIDAY HILL CT JACKSONVILLE FL 32216			7212 HOLIDAY HILL CT JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	ŀ	
							11/29/1988		
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number Applied F	or	
21		26					59-2914833 Not Applie	cable	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition		
22		27					5. Certificate of Status Desired Fee Required		
City & State)	City	& State				6. Election Campaign Financing \$5.00 May B	е П	
23		28					Trust Fund Contribution Added to Fees	;	
Zip	Country	Zip		Cour	ntry		8. This corporation owes or has paid the current year Intangible	,	
24	25	29		30			Personal Property Tax due June 30. X Yes No	- 1	
	9. Name and Address of Curren	Registered	Agent	1			10. Name and Address of New Registered Agent		
MO	SER, THOMAS				81	Name			
	2 HOLIDAY HILL CT								
	KSONVILLE FL 32216		82 Street			Street Add	Address (P.O. Box Number is Not Acceptable)		
JAU	MOUNTILL IL 322 10			}	83				
				1	"			1	
				-	84	City	85 Zip Code		
							FL 63 24 Code		
11. Pursuant to	o the provisions of Sections 607.0502	and 607.16	08, Florida Sta tu	les, the ab	ονε	e-named co	rporation submits this statement for the purpose of changing its regist	tered	
agent lan	rgistered agent, or both, in the state in In f am iliar with, and accept the obliga	or Florida, Su tions of, Sect	ion change was tion 607.0505. F	aumonzed Iorida Statu	ules	i ine corpor s.	alion's board of directors. I hereby accept the appointment as registe	rea	
•								Ì	
SIGNATURE	Signature, typed or printed name of registered again	d ned title if apple.	able (NO	TL Registered	Age	nt signature req	uired when reinstaling) DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
TITLE	PD		DELETE	1.1 TIT	LE			ddition	
NAME	MOSER, THOMAS		_	1.2 NA]	- , -]	
	7212 HOLIDAY HILL CT					ADDRESS	•		
STREET ADDRESS	JACKSONVILLE FL							ļ!	
CITY-ST-ZIP			- Contract	1.4 CIT		T-ZIP		44161	
TITLE	D		☐ DELETE 21T			İ	Change Ac	ddition	
NAME	MOSER, BETTY			2.2 NA	MΕ	ļ		į	
STREET ADDRESS	5835 LAKE LUCINA DR S			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.401	TY-S	ST-ZIP			
TITLE	_		DELETÉ	3.1 TIT	LE.		☐ Change ☐ Ac	dition	
NAME				3.2 NAI	ME				
STREET ADDRESS				3.3 STF	REET	ADDRESS			
CITY-ST-ZIP				3 4. CI				}	
TITLE			DELETÉ	4.1 Till		-	Change Ac	dition	
NAME				4. 2 NA					
				1		*DODECC		j	
STREET ADDRESS						ADDRESS		ļ	
CITY-ST-ZIP			DESERT	4.4 CIT	_	1-ZIP		delition	
TITLE			DELETE	5.1 TIT			Change Ac	Juition	
NAME				5.2 NAI	ME			ŀ	
STREET ADDRESS				5.3 STF	REET	ADDRESS			
CITY-ST-ZIP		_		5.4 CIT	Y-51	T-ZIP			
TITLE			DELETE	6.1 7/1	LÉ		Change Ad	dition	
NAME				6.2 NA	ME				
STREET ADDRESS						ADDRESS		ŀ	

CITY-ST-ZIP				6.4 CIT	1-51	1-21° }		1	

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.

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Dan Trans

April 23,1998 904-721-0341