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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K52105** (9)

1. Corporation Name

ADVANCED COMPUTER SERVICES, INC.



Principal Place of Business

**2290 NW 2ND AVENUE
SUITE 4
BOCA RATON FL 33431
US**

Mailing Address

**2290 NW 2ND AVENUE
SUITE 4
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified

12/16/1988

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELMS, EDWARD R.
2290 NW 2ND AVE, #4
BOCA RATON FL 33431**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LOPEZ, MANUEL L.	261 SW 159TH TERR	SUNRISE FL	<input type="checkbox"/>
D	HELMS, CATHLEEN A.	9313D SW 5TH ST	BOCA RATON FL	<input type="checkbox"/>
D	RIVERA, LIGIA I.	261 SW 159TH TERR	SUNRISE FL	<input type="checkbox"/>
D	HELMS, EDWARD R.	9313D SW 5TH ST	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward R. Helms* EDWARD R. HELMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

407-394-6222

Daytime Phone #

CR2E034 (12/95)