

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

FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K52105 (9)

1. Corporation Name
ADVANCED COMPUTER SERVICES, INC.



Principal Place of Business Mailing Address
2290 NW 2ND AVENUE
SUITE 4
BOCA RATON FL 33431
US
2290 NW 2ND AVENUE
SUITE 4
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1988	
21		26		4. FEI Number 65-0088733	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
9. Name and Address of Current Registered Agent HELMS, EDWARD R. 2290 NW 2ND AVE, #4 BOCA RATON FL 33431				10. Name and Address of New Registered Agent	
				81	Name MANUEL LOPEZ
				82	Street Address (P.O. Box Number is Not Acceptable) 2290 N.W. 2ND AVE #4
				83	
				84	City BOCA RATON
				85	Zip Code 33431

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 *Manuel Lopez* SECRETARY
Signature, typed or printed name of registered agent and title if applicable (If 11. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MANUEL L.	1.2 NAME	LIGIA I. RIVERA
STREET ADDRESS	261 SW 159TH TERR	1.3 STREET ADDRESS	261 S.W. 159th Terr.
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, CATHLEEN A.	2.2 NAME	MANUEL L. LOPEZ
STREET ADDRESS	9313D SW 5TH ST	2.3 STREET ADDRESS	261 S.W. 159th Terr.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RIVERA, LIGIA I.	3.2 NAME	
STREET ADDRESS	261 SW 159TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HELMS, EDWARD R.	4.2 NAME	
STREET ADDRESS	9313D SW 5TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 *Manuel Lopez* 3/31/98 5613946222

CR2E034 (10/97)