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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1.0306

(7)

| DELOE-SMITH COMPUTER SERVICES, INC. Principal Place of Business Mailing Address C/O DONNA D. SMITH 1001 SWEETBRIAR RD. ORLANDO FL 32806 US | | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report | | | |
|--|--|--|-----------------|--|--|--|-----------------------------|--------------------------------|---|
| | | US | | | | 07/18/1989 | 3a. L | 01/27/1 | |
| 2. Principal Pia | ce of Business | 2a. Mailing | Address | | | 4. FEI Number | | | Applied For |
| Suite, Apt # | etc | 26 | Ant a sto | | · • · · · · | 59-2958799 | | | Not Applicable |
| 22 | , 0.03. | 27 | Apt. #, etc. | | | 5. Certificate of Status Desired | d 😿 | | 5 Additional |
| City & State | | City & 3 | State | | | 6. Election Campaign Financin | 201 | | Required |
| 3 | | 28 | | | | Trust Fund Contribution | ' ⁹ 🗆 | | May Be ed to Fees |
| Zip | Country | Ζιρ | | Country | у | 8. This corporation has liability | for intangible | | |
| 4 | 25 | 29 | · <u> </u> | 30 | | Florida Statutes 🔲 | Yes 🔀 No | | 100.000 |
| · | 9. Name and Address of Curre | nt Registered A | gent | | т:::: | 10. Name and Address of No | w Registere | d Agent | |
| CARTIL | DONNA D | | | 81 | Name | | | | |
| | DONNA D. | | | 82 | Street Add | lress (P.O. Box Number is Not Acce | ptable) | | |
| 1001 SWEETBRIAR ROAD ORLANDO FL 32806 | | | - | | | | | | |
| OnLOS | DO FE 32800 | | | 83 | <u> </u> | | | | |
| | | | | 84 | City | | | 85 Z | ρ Code |
| familiar with SIGNATURE | o the provisions of Sections 607,050; id agent, or both, in the State of Flori i, and accept the obligations of, Sec. | tion 607.050ti, Fi | | es, the above- | | ration submits this statement for the ord of directors. Thereby accept the | purpose of a appointment | <u>L </u> | registered office Lagent, Lam |
| familiar witt SIGNATURE | i, and accept the obligations of, Sec. | tion 607,050s, Fil tradum factoris ND DIRECTORS | orida Statutes. | es, the above- ed by the corp fr. Begsteret April 13. | named corpo oration's boa | ration submits this statement for the incl of directors. Thereby accept the externostand | purpose of cappointment | changing its as registered | DRS IN 12 |
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| familiar with SIGNATURE s 12. | i, and accept the obligations of, Src. OFFICERS AN D SMITH, DONNA D. | tion 607,050s, Fil tradum factoris ND DIRECTORS | orida Statutes. | fr. Bugsterest Agin 1.1 TIFLE 1.2 NAME | named corpo foration's boar | rid of directors. Thereby accept the | purpose of cappointment | changing its as registered | DRS IN 12 |
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| familiar with SIGNATURE 12. TILE VAME STREEL ADDRESS CITY ST-ZIP | I, and accept the obligations of, Sro, OFFICERS AN D SMITH, DONNA D. 1001 SWEETBRIAR RD. ORLANDO FL D SMITH, HOWARD E. | THE BOT OSCILLE FIRE AND DIRECTORS | orida Statutes. | in the strong of the frequency April 13. 1 1 THE 1 2 NAME 1 3 STREET 1 4 CITY-S | named corpo ioration's board of squature reques | rid of directors. Thereby accept the | purpose of cappointment | changing its as registered | DRS IN 12 |
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certify that the information inclined with an silling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this acrular 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 corporations. The receiver of this acrular report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a part shiment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-27-96 (407)856-4540