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

CORPORATION ANNUAL REPORT

1998

DRÉSS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L75498

(0)

FILED May 13 1998 8:00am Secretary of State

COMP	UTER FORMS SPECIALISTS	S, INC.			1111 1411 1411 1111 1411 1111
Principal Plac	ce of Business	Mailing Address			HERIT ONDIT OFFICE BIOLIS BOOK (OFFI
7800 DR PH	ILLIPS BLVD	7600 DR PHILLIPS BLVD			
SUITE 2-96		SUITE 2-96		DO NOT WRITE IN THI	C CDACE
ORLANDO F	r 2541a	ORLANDO FL 32819		3. Date Incorporated or Qualified	3 SPACE
				05/22/1990	
2. Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21 26		26		59-3012127	Not Applicable
Suite, Apt. #, etc. [27]		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C Floring Committee Cinemia	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes 😡 No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10, Name and Address of New Registers	d Agent
	RISTACHI, DEBRA JEAN		81 Name	_	ļ
540 ALPINE ST E ALTAMONTE SPRINGS FL 32701			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ALIAMONTE SPHINGS FL 32/01			83		
ı			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. La	registered agent, or both, in the state and accept the oblig	e of Florida, Such change was a nations of Section 607,0505, Flo	iutnorized by the corporal irida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	1 Kn Lelate	with Deservous	DEPRO	JOAN-TUBRICAI	1-29-9-8
12.	OFFICERS AN	CHROLING LANGUAGE (NOTE ID DIRECTORS	· Registered Agent signature requir	rod when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE	ABBITTOTOTOTATIONS TO CITTOETICA	Change Addition
NAME	FRISTACHI, DEBRA JEAN		1.2 NAME		
STREET ADDRESS	540 ALPINE ST E		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST - ZIP		
TITLE	VS	DELETE	2:1 TITLE		Change Addition
NAME	FRISTACHI, TEODORO 540 ALPINE ST E		2.2 NAME		ļ
STREET ADORESS	ALTAMONTE SPGS FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ALIAMONIE OF GOTE	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		<u> </u>	3.2 NAME		- owner Filmoulion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - ST - ZIP		ł
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		ļ
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME		F3 becase	5.1 TITLE 5.2 NAME		Change Addition
TOPET ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
1		DELETE	C 1 7(7) F		Change Iddition

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP by certily 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 set 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 or officetor 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 2 or Block 13 if changed, or on an attachment with an address.