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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90097 019 ***150.00

1. Corporation	MENT # L76841 I COMPUTER SERVICES, IN	NC.					
Principal Place	of Rusiness	Mailing Address				PRI BIBIN BIBN	I DIĞIR BERKI LODI
%DOUGLAS G. HUMBERT %DOUGLAS G. HUMBERT							
591 SW 181ST AVE 591 SW 181ST AVE					·		
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
_					05/29/1990	, -	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	Applied For	
21		26			65-0197603		Not Applicable Additional
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required
22		27 City 8 State					May Be
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		t to Fees
Zip	28 Zip Country				8. This corporation owes the current year Inta		2.10.1.000
24	[25]	29 30	Country		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		, ,		10. Name and Address of New Registered	gent	
			81	Name			
HUMBERT, DOUGLAS G.			82	Ctrook Addr	Topo (D.O. Poy Number is Not Acceptable)		
591 SW 181ST AVENUE			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
PEMI	BROKE PINES FL 33029		83				
						-7:-	0-4-
			84	City	FL	'	Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	the above norized by a Statutes	-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing i itment as i	ts registered registered
OIGHANIONE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agen	it signature require	ed when reinstating) DATE		
12.	Signature, typed or printed name of registered ager OPEICERS AN	nt and title if applicable. (NOTE: Re	gistered Agen	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
			-	t signature require	o which rominionly	D DIRECT	
12.	OPFICERS AN	ID DIRECTORS	13.	t signature require	o which rominionly		
12.	OPEIGERS AN	ID DIRECTORS	13. 1.1 TITLE		o which rominionly		
12. TITLE NAME	OF GERS AND DHUMBERT, DOUGLAS G.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS	o which rominionly	☐ Change	Addition
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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 Chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-437-0784