FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

* NEW ADDRESS

DOCUMENT #

M39377

(0)

SOUTH COMPUTER SERVICES, INC.

Principal Place of Business Mailing Address RT. 3 BOX. 216-H RT. 3 BOX. 216-H							
BIG PINE KEY FL 33043 US			BIG PINE KEY FL 33043 US				
					3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 02/03/1995	
2. Principal Place of Business 21 30009 Silver			2a. Mailing Address 26 BOOM SQ	Restlemence	4. FEI Number 59-2723731	Applied For	
Suite, Apt. #, etc.			Suite, Apit. #, etc.	06 400.	Certificate of Status Desired	Not Applicable \$8.75 Additional	
22			27			Fee Required	
City & State			28 BIG PINE KE	x, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country	Zip 1.3. 3.3.0.1.3	Country	8. This corporation has liability for		
24	9. Name an	Address of Current	29 33043	30 USA		No	
81 Name					10. Name and Address of New F	10. Name and Address of New Registered Agent	
BIG PI		of Sections 607.0502	ar d 607, 1508, Florida Statut a. Suct. change was authoria in 607, 0505, Florida Statutes	84 City PAS	Address (P.O. Box Number is Not Acceptated Solvest Buffor Lives Pinz Key reporation submits this statement for the published of directors. I hereby accept the app	FL 85 Zip Code 33043	
SIGNATURE		ofed name of registered age in a		OF Togestern LAges Long action on	one of when sees a co-	DAT)	
12.		OFFICERS AND	The second secon	13.	ADDITIONS/CHANGES TO OFF		
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NAME		ie, edward L.		1.2 NAME	_		
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CITY-ST-ZIP		KEY FL		1.4 CITY - ST - ZIP	BIG PINZ KEY, FL	30,043	
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CITY-ST-ZiP	BIG PINI	KEY FL		2.4 CITY - ST - ZIP			
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NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY - ST - ZiP			
TIFLE			☐ DELETE	4 1 TIFLE		☐ Change ☐ Addition	
NAME				4.2 NAME			

14. I do hereby certify that the information sup-certify that the information indicated on tip-oath; that I am an officer or director of tip-appears in Block 12 or Block 13 if charges field with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further sannual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name jed, or on an attachm

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4.0-11 - ST - ZIP

5 1 Till [

5.2 NAME

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6.2 NAME

SIGNATURE:

STREET ADDRESS

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TITLE

NAME

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OWAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELE'E

___ Change

Change

Addition

☐ Addition