May 06, 1999 8:00 am Secretary of State

05-06-1999 90249 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037158

1. Corporation Name

M A S COMPUTER CONSULTANTS, INC.

	• · · · · · · · · · · · · · · · · · · ·							
Principal Place of Business		Mailing Address			_	I (EEKSEL WEIGHER HEIT BEIN BEIN BEIN BE	8 Ithit (822) 1100	11 Eliát 1899 1881
9250 W ATLANTIC BLVD SUITE 933 CORAL SPRINGS FL 33071 US		P O BOX 771015 CORAL SPRINGS FL 33077-015 US		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE			
						05/21/1993		
<u> </u>		2a. Mailing Address			4. FEI Number 65-0414264		pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 30	Counti	У		This corporation owes the current year In Personal Property Tax.	ntangible Yes	ŽĭNo
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	i Agent	
			8	1 Nan	ne			j
	Man Marcus, P.A. W. Broward Blvd.		8	2 Stre	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300			8	3				
PLANTATION FL 33324			8	4 City		F	85 Zip	Code
office or re agent. I as	to the provisions of Sections of October egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was auth- tions of, Section 607.0505, Florida	onzed b Statute	y the co	rporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appearance of the purpose of the p	on continuent as re	egisiereu
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PST	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	STUDELL, MONROE		1.2 NAME					
STREET ADDRESS	9250 W ATLANTIC BLVD		ı	ET ADDRE	SS			
CITY-ST-ZIP TITLE	CORAL SPRINGS FL	☐ DELETE	1.4 CITY- 2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					_
STREET ADDRESS		•		ET ADDRE	ss			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME	•				
STREET ADDRESS				ET ADDRE	SS			
CITY-ST-ZIP		□ DELETE	3.4. CITY 4.1 TITLE				Change	Addition
TITLE NAME			4. 2 NAM					_
STREET ADDRESS				ET ADDRE	ss			
CITY-ST-ZIP			44 CITY		_L			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADORE	SS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE				Change	Addition
TITLE NAME		C DELETE	6.2 NAME					

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CfTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR