Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90113 012 ***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 # P9300050080

1. Corporation Name

COMPUTER AND NETWORK SERVICE, INC.

COMPU	IEN AND NEIWORK SERV	IOE, INO.							
Principal Place of Business Mailing Address						-	OI AIGH AAIH		
						·			
1600 S DIXIE HWY 1600 S DIXIE HWY 1D									
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
1						07/16/1993		,	
	lace of Business	2a. Mailing Address				4. FEI Number			lied For
21 26						65-0423985	\$8.75 Additional		
Suite, Apt. #, etc.						5. Certificate of Status Desired		/ D Ad se Rec	
22 27 City & State City & State					<u>r</u>				·
City & State	8	— ·				6. Election Campaign Financing Trust Fund Contribution	-		May Be Fees
Zip	Country		Count	trv		8. This corporation owes the current year		300 10	-
24	25	29 3	_	,		Personal Property Tax.	Yes	, [□No
24	9. Name and Address of Curre		<u> </u>			10. Name and Address of New Registere	d Agent		
			8	81	Name				
CANTOR, EDWARD				B2	Stroot Addro	ss (P.O. Box Number is Not Acceptable)			
1600 S DIXIE HWY 1-D				92	Street Adule	iss (F.O. Box Number is Not Acceptable)			
800	CA RATON FL 33432		1	83					
				84	0.4		85	Zip C	ode.
					City	F	LI		
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Statutes	, the abo	ove-	named corpo	ration submits this statement for the purpose	of changir	g its r	egistered
l office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	norizea i	DY U	he corporation	n's board of directors. I hereby accept the app	omment	as reg	istered
		,,							
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: R	egistered A	gent	signature required				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DPC .	☐ DELETE	1.1 7172	E			Cha	inge	Addition
NAME	CANTOR, ED	•	1.2 NAM	ŔΕ					
STREET ADDRESS	1600 S DIXIE HWY #1D		1.3 STR	EET A	ADDRESS .				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY		ZIP				
TITLE				2.1 TITLE			Cha	ınge	∐ Addition
NAME	HEINO, GLENN		2.2 NAM	1E					
STREET ADDRESS	1600 S DIXIE HWY #1D		2.3 STR	2.3 STREET ADDRESS					
-CITY-ST-ZIP	BOCA RATON FL		2.4 CIT		-ZIP -		☐ Cha		Addition
mre .	_	☐ DELETE	3.1 TITL				□ (olik	uige	
NAME	·		3.2 NAM						
STREET ADDRESS	_		1		ADDRESS	± ,			
CITY-ST-ZIP			3.4. CIT 4.1 TITL		T-ZIP		☐ Ch:	ange	Addition
TITLE	·	□ pereie						ange.	
NAME			4. 2 NAN			•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITL		-ZIP	<u> </u>	☐ Ch:	anoe	Addition
TITLE	1	- Detere	5.2 NAM					9*	
NAME					ADDRESS				
STREET ADDRESS			5.4 CITY						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITE				☐ Cha	ange	Addition
NAME			6.2 NAM			·		•	_
NAME	<u></u>				ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 561-367.7780

Daytime Phone

CD2E034 /11