

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Janet B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056169 (4)

1. Corporation Name

CLIENT/SERVER CONSULTING, INC.

Principal Place of Business

**20955 N.E. 19TH COURT
NORTH MIAMI BEACH FL 33179**

Mailing Address

**P.O. BOX 151
HALLANDALE FL 33008**

(DO NOT WRITE IN THIS SPACE)

3. (Date the corporation was organized or established)
08/11/1993

3a. (Date of Last Report)
05/01/1994

2. Principal Place of Business

21. **9820 MALVERN DRIVE**

2a. Mailing Address

26. **9820 MALVERN DRIVE**

State, Apt. # etc.

State, Apt. # etc.

22. City & State

23. **TAMARAC, FL**

27. City & State

28. **TAMARAC, FL**

24. **33321**

29. **33321**

25. **USA**

30. **USA**

4. FEI Number

65-0428558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has adopted the Uniform Code on Limited Liability Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**IZENWASSER, MURRAY L
20955 N.E. 19TH COURT
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81. Name **IZENWASSER, MURRAY L.**

82. Street Address (P.O. Box Number is Not Acceptable)
9820 MALVERN DRIVE

83. City

TAMARAC

85. State

FL

86. Zip Code

33321

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation ratifies this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby sworn to and I accept the appointment as registered agent in the State of Florida.

SIGNATURE *Murray Izenwasser*

MURRAY IZENWASSER

4/25/95

12. OFFICERS AND DIRECTORS

P
NAME **IZENWASSER, MURRAY**
STREET ADDRESS **20955 NE 19TH COURT**
CITY, STATE, ZIP **NORTH MIAMI BEACH FL 33179**

13. ADDITIONAL OFFICERS, DIRECTORS, AND LIMITED LIABILITY PARTNERS

P
NAME **IZENWASSER, MURRAY**
STREET ADDRESS **9820 MALVERN DRIVE**
CITY, STATE, ZIP **TAMARAC, FL 33321**

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true, correct, and complete, and equally for this corporation stated in law under Chapter 607, Florida Statutes. I further certify that the officers, directors, and limited liability partners of this corporation are duly qualified, and that my signature of all has the same legal effect as if it were signed by the corporation. I am hereby sworn to and I accept the appointment as registered agent in the State of Florida.

SIGNATURE:

Murray Izenwasser

MURRAY IZENWASSER 4/25/95 (305) 720-624

SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR