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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300069072

1. Corporation Name

FLORIDA COMPUTER SOURCE, INC.

Principal Place	e of Business	Mailing Address			ם וווספס וזווו פסוסו סוג זסטונסטו ו	Nila Bolil Bolilo Billo I	DIN DENI NDBIB NDI 1001
2926 13TH ST 2926 13TH ST							
ST. CLOUD FL 34769 ST. CLOUD F		ST. CLOUD FL 34769	· · ·		DO NOT IMP	ITE IN THIS SPA	^ =
บร		US			3. Date Incorporated or Qualifed		
	3 3 1 1 0				09/27/1993		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 - Tillcipal Fi	STATE OF DUSINESS	26			59-3202007		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$1	8.75 Additional
22		27			5. Certifcate of Status Desired	_	Fee Required
City & State	e ' '':- 🖟 /.	City & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur		
24	25	29	30		Personal Property Tax.		
<u></u>	9.: Name and Address of Curren	t Registered Agent	04		10. Name and Address of New	Registered Ager	<u> </u>
I EOI	DOLD DODEDT D		81 N	ame			-
Leopold, robert d 1173 Sunlight dr			82 S	treet Addre	ress (P.O. Box Number is Not Acceptable)		
	CLOUD FL 34771		02		·		
31. (0000010 04771		83			_	
			84 C	ity		FL 85	Zip Code
44 5	to the provisions of Sections 607.050	2 and 607 1509 Elorida Statu	tos the above-n	mod coroc	oration submits this statement for the	numose of chan	ging its registered
office or o	enistered agent, or both, in the State :	of Florida, Such change was:	authorized by the	corporation	n's board of directors. I hereby acce	pt the appointme	nt as registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fi	onda Statutes.				
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O	FICERS AND D	IRECTORS IN 12
TITLE 5	PD	☐ DELETE	1.1 TITLE				
NAME	LEOPOLD, ROBERT D		i. j tille	- }		LI'	Change
STREET ADDRESS	LEGI OLD, NODENI D		1.2 NAME			Li	Change
	1173 SUNLIGHT CT			DRESS		LI'	Change Addition
CITY-ST-ZIP_			1.2 NAME	- 1			
	1173 SUNLIGHT CT ST. CLOUD FL VD	☐ DELETE	1.2 NAME 1.3 STREET ADD	- 1			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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP