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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077162

1. Corporation Name

BAYSIDE COMPUTING, INC.

Principal Place	e of Business	Ma	iling Address				Alluan in in in the sittle marit d	Mill Målti Butit	B	F)130 (101 100)	
1946 BAYGROVE		194	1946 BAYGROVE								
FREEPORT FL 32439			FREEPORT FL 32439				DO NOT WRITE IN THIS SPACE				
US		US				3 Data Inc	corporated or Qualifect		3FAUE		
						11/01		,	-	Ì	
2 Principal D	Place of Business	2a	Mailing Address	_		4. FEI Nur			Apr	lied For	
— ·	IZCE OF DUSINESS	26	Maining / Gaross			59-32				Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			_		\	\$8.75 A	dditional	
22	.,	27				5. Certifca	te of Status Desired	X	Fee Red	quired	
City & Stat	te		City & State			6. Election	Campaign Financing		\$5.00	May Be	
23		28				Trust Fu	and Contribution		Added to	Fees	
Zip	Country		Zip	Country	1		poration owes the cur	rrent year In		ا ا	
24	25	29		30			l Property Tax.	D '-4d		□No	
	9. Name and Address	of Current Regist	tered Agent	81	Name	10. Name a	nd Address of New	Registered	Agent		
BBO	WN, JOHN F			81	Name	JOHN	J F 124	NILOU	<u>U</u>		
	6 BAYGROVE			82	Street A	Address (P.Q. Box	Number is Not Accep	table)	ROAD		
	EPORT FL 32439			83		1940	<u> </u>	TOUE	runu	_	
	,			63	1						
				84	City	<u> </u>	EVORT	FL	85 Zip C	229	
44 . D	to the provisions of Sections	- 607 0602 and 60	7 1509 Elorida Statute	se the abov	e-named c					registered	
office or r	registered agents or Sections registered agents or both, in j	the State of Florid:	a. Such change was at	uthorized by	the corpo	ration's board of di	rectors. I hereby acce	ept the appo	intment as reg	istered	
	egistered agelyk or botti, iii j			unionzed by							
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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:

STREET ADDRESS

CITY-ST-ZIP