

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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90066 048 \*\*\*158.75

DOCUMENT # P94000014892

1. Corporation Name

SKS COMPUTER CONSULTING, INC.

Principal Place of Business

638 CENTERWOOD DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

638 CENTERWOOD DRIVE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

4. FEI Number

59-3227740

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 5423 Lockport Ct

Suite, Apt. #, etc.

22 Palm Harbor, FL

City & State

23 34685-3644 USA

Zip

Country

2a. Mailing Address

26 5423 Lockport Ct

Suite, Apt. #, etc.

27 Palm Harbor, FL

City & State

28 34685-3644 USA

Zip

Country

9. Name and Address of Current Registered Agent

SHAPIRO, JILL D  
638 CENTERWOOD DR.  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

SHAPIRO, JILL D.

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

5423 Lockport Ct

83

84 City

Palm Harbor

FL

85 Zip Code

34685-3644

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jill D Shapiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT ☐ DELETE

NAME SHAPIRO, JILL D  
STREET ADDRESS 638 CENTERWOOD DR.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DPS ☐ DELETE

NAME SHAPIRO, STEVEN K  
STREET ADDRESS 638 CENTERWOOD DR.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME Same

1.3 STREET ADDRESS 5423 Lockport Ct.

1.4 CITY-ST-ZIP Palm Harbor FL 34685-3644

2.1 TITLE Same ☒ Change ☐ Addition

2.2 NAME Same

2.3 STREET ADDRESS 5423 Lockport Ct.

2.4 CITY-ST-ZIP Palm Harbor FL 34685-3644

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Jill D Shapiro JILL D SHAPIRO

Date

Daytime Phone #

4/27/99 (727) 937-7849

CR2E034 (11/98)

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