FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020164 (7)

1. Corporation Name

FLORIDA COMPU SERVICE, INC.

Principal Place of Business	Mailing Address
~~5725 CORPORATE WAY~~ ~~STE 210~~ WEST PALM BEACH FL 33407 US	1032 N DU PAGE AVE LOMBARD IL 60148 US

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report: 07/18/1995

2. Principal Place of Business
21 5730 Corporate Way
Suite, Apt. #, etc
22 214
City & State
23 West Palm Beach
Zip
24 33407
Country
25 USA Palm Beach

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0514681 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NIELSEN, RANDY C
5725 CORPORATE WAY, SUITE 210
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: Randy C. Nielsen
82 Street Address (P.O. Box Number is Not Acceptable): 5730 Corporate Way Suite 214
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NIELSEN, RANDY C	
STREET ADDRESS	~~5725 CORPORATE WAY STE 210~~	
CITY-ST-ZIP	WEST PALM EBHAC FL	
TITLE	D	☐ DELETE
NAME	JOHNSTON, RICAHRD	
STREET ADDRESS	~~5725 CORPORATE WAY STE 210~~	
CITY-ST-ZIP	WEST PALM BEAHC FL	
TITLE	D	☐ DELETE
NAME	STANLEY, ROGER C	
STREET ADDRESS	1032 N DU PAGE AVE	
CITY-ST-ZIP	LOMBARD IL	
TITLE	D	☐ DELETE
NAME	ELLENWOOD, DAVID M	
STREET ADDRESS	1032 N DU PAGE AVE	
CITY-ST-ZIP	LOMNBARD IL	
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		☒ Change ☐ Addition
1.2 NAME	RANDY C NIELSEN	
1.3 STREET ADDRESS	5730 Corporate Way Suite 214	
1.4 CITY-ST-ZIP	WPB FL 33407	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5730 Corporate Way Suite 214	
2.4 CITY-ST-ZIP	WPB FL 33407	
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		

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4-29-96

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/18/96 407688-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #