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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000046889 (9)

1. Corporation Name

MOBILE COMPUTER SYSTEMS, INC.

Principal Place of Business

2720 NW 55 CT
FT LAUDERDALE FL 33309

Mailing Address

644 SE 4 AVE
FORT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

65-0504725

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDEN, E. SCOTT
644 SE 4 AVE
FT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME STREICHER, STANLEY H
STREET ADDRESS 2720 NW 55 CT
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE DPS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AS
NAME E. SCOTT GOLDEN
STREET ADDRESS 644 SE 4 AVE
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE D/AS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T
3.2 NAME WALTER B. BARRETT
3.3 STREET ADDRESS 2720 NW 55 COURT
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME JOSEPH M. MURPHY
4.3 STREET ADDRESS 900 N. FEDERAL HWY, Ste. 480
4.4 CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D
5.2 NAME JOHN H. O'NEIL, JR.
5.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, Ste. 901
5.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: *Walter B. Barrett* WALTER B. BARRETT 1/28/98 (954) 739-3880

CR2E034 (10/97)