


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90080 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000046889					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0504725	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DPS <input type="checkbox"/> DELETE				
NAME	STREICHER, STANLEY H				
STREET ADDRESS	2720 NW 55 CT				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	DAS <input type="checkbox"/> DELETE				
NAME	E. SCOTT GOLDEN				
STREET ADDRESS	644 SE 4 AVE				
CITY-ST-ZIP	FORT LAUDERDALE FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	WALTER B BARRETT				
STREET ADDRESS	2720 NW 55TH CT				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JOSEPH M MURPHY				
STREET ADDRESS	900 N FEDERAL HWY #480				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JOHN H O'NEIL JR				
STREET ADDRESS	601 BRICKELL KEY DR #901				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. Scott Golden

3/17/99

(954) 764-6766
Date Daytime Phone #

CR2024 (11/08)

0314147