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 # **P94000069012 (0)**

1. Corporation Name

S & S COMPUTER CONSULTANTS, INC.

Principal Place of Business	Mailing Address
498 PALM SPRINGS DR., SUITE 100 ALTAMONTE SPRINGS FL 32701	498 PALM SPRINGS DR., SUITE 100 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21: 1100 AUTUMN BROOK CIR
22: Suite, Apt. #, etc.
23: City & State: LONGWOOD, FL
24: Zip: 32750 — 25: Country

2a. Mailing Address
26: 1100 AUTUMN BROOK CIR.
27: Suite, Apt. #, etc
28: City & State: LONGWOOD, FL
29: Zip: 32750 — 30: Country

4. FEI Number: 59-3268315 — ☐ 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

BLAU, LESLIE A
2705 W. FAIRBANKS AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and date required. NOTE: Registered Agent's signature required for filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ZASPALOVA, SVATKA		1.2 NAME		
STREET ADDRESS	498 PALM SPRINGS DR., SUITE 100		1.3 STREET ADDRESS	1100 AUTUMN BROOK CIR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HINTZE, SABINE		2.2 NAME		
STREET ADDRESS	498 PALM SPRINGS DR., SUITE 100		2.3 STREET ADDRESS	1100 AUTUMN BROOK CIR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Svatava Zaspalova PRESIDENT 6-10-96 (407) 831-1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SVATAVA ZASPALOVA