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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000021215 (5) DOCUMENT #

ALTRA COMPUTER SERVICES, INC.

FILED Apr 23 1998 8:00am Secretary of State

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	EW DRIVE FL 3274 ace of Business Volusia Avenue Felc City FL Country	Mailing Address 336 \$ LAKEVIEW DR SUITE 2 LAKE HELEN FL 32744 US 28. Mailing Address 26 \$82 N. Volusion Stuite, April #, etc 27 City & State 28 Orange City 29 \$11763	FL.	DO NOT WRITE IN TO 3. Date Incorporated or Qualified 03/16/1995 4. FEI Number 59-3304326 5. Certificate of Status Desired Contribution 1. This corporation owes or has paid the Personal Property Tax due Jurie 30	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
PAI 33%	9. Name and Address of Curre RKER, DAVID E IS LAKEVIEW DR KE HELEN FL 32744 of the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the obligations.	of and 607 1508, Florida Statutes, the real Florida Such change was authori palions of, Section 607,0505, Florida S	81 Name Ro-Ve 82 Street Add 582 N 83 84 City Connection	ress IP.O. Box Number is Not Acceptable)	FL 85 Zip Code 32.163
SIGNATURE 12. TITLE NAME STREET ADDRESS	P PARKER, DAVID E. 2914 MALDINE CT.	p or and the diagraph color in the property of	erud Agent signahiru receii 3. 1 TIILE 2 NAME 3 STREET ADDRESS	red when re-installing) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELTONA FL T PARKER, DAVID E. 2914 MALDINE CT.	DELETE 2:	4 CITY - ST - ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELTONA FL S MULRONEY, BONNIE J. 242 PLEASANT ST. LAKE HELEN FL	⊠ DELETE 3: 3: 3:	4 CITY - ST- ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		Change Addition
CITY-S1-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, MARILYN 2914 MALDINE CT. DELTONA FL	☐ DELETE 4: 4. 4.	4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE 5. 5.2 5.3	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST-ZIP		Change Addition
TITLE NAME	, u , a , a , a , a , a , a , a , a , a , a	- · · · · · · · · · · - · - · · · · · ·	I TITLE	A THE COLUMN TWO IS NOT THE COLUMN TO SERVICE TO SERVIC	Change Addition

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 outh; 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

904 774-7222