


FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90027 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000031451					
1. Corporation Name COMPUTER SPECIALTIES, INC.					
Principal Place of Business 1808 ELMWOOD DR OLDSMAR FL 34677 US			Mailing Address 1808 ELMWOOD DR OLDSMAR FL 34677 US		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 04/21/1995					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
4. FEI Number 59-3311584			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. Trust Fund Contribution <input type="checkbox"/>			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ALFONSO, JAMES C 2522 WEST KENNEDY BLVD TAMPA FL 33609			10. Name and Address of New Registered Agent 81 Name GEORGE BURKE 82 Street Address (P.O. Box Number is Not Acceptable) 1808 ELMWOOD DRIVE 83 84 City OLDSMAR FL 85 Zip Code 34677		
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 <i>George Burke</i> (NOTE: Registered Agent signature required when reinstating) DATE 3/24/99					
12. OFFICERS AND DIRECTORS					
TITLE	PDT	<input type="checkbox"/> DELETE			
NAME	BURKE, GEORGE				
STREET ADDRESS	1808 ELMWOOD DR				
CITY-ST-ZIP	OLDSMAR FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	BURKE, MARY C				
STREET ADDRESS	1808 ELMWOOD DR				
CITY-ST-ZIP	OLDSMAR FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: *Mary C Burke, Secretary* 1-19-99 813-814-0711
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)