

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000042801 (7)**  
 1. Corporation Name  
**COMPETENT COMPUTING SERVICES, INC.**

Principal Place of Business 1400 N.W. 174TH ST. MIAMI FL 33169	Mailing Address 1400 N.W. 174TH ST. MIAMI FL 33169
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1995	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		26		30	
22		27		31	
23		28		32	
24		29		33	
25		30		34	
26		31		35	
27		32		36	
28		33		37	
29		34		38	
30		35		39	
31		36		40	
32		37		41	
33		38		42	
34		39		43	
35		40		44	
36		41		45	
37		42		46	
38		43		47	
39		44		48	
40		45		49	
41		46		50	
42		47		51	
43		48		52	
44		49		53	
45		50		54	
46		51		55	
47		52		56	
48		53		57	
49		54		58	
50		55		59	
51		56		60	
52		57		61	
53		58		62	
54		59		63	
55		60		64	
56		61		65	
57		62		66	
58		63		67	
59		64		68	
60		65		69	
61		66		70	
62		67		71	
63		68		72	
64		69		73	
65		70		74	
66		71		75	
67		72		76	
68		73		77	
69		74		78	
70		75		79	
71		76		80	
72		77		81	
73		78		82	
74		79		83	
75		80		84	
76		81		85	
77		82		86	
78		83		87	
79		84		88	
80		85		89	
81		86		90	
82		87		91	
83		88		92	
84		89		93	
85		90		94	
86		91		95	
87		92		96	
88		93		97	
89		94		98	
90		95		99	
91		96		100	
92		97		101	
93		98		102	
94		99		103	
95		100		104	
96		101		105	
97		102		106	
98		103		107	
99		104		108	
100		105		109	
101		106		110	
102		107		111	
103		108		112	
104		109		113	
105		110		114	
106		111		115	
107		112		116	
108		113		117	
109		114		118	
110		115		119	
111		116		120	
112		117		121	
113		118		122	
114		119		123	
115		120		124	
116		121		125	
117		122		126	
118		123		127	
119		124		128	
120		125		129	
121		126		130	
122		127		131	
123		128		132	
124		129		133	
125		130		134	
126		131		135	
127		132		136	
128		133		137	
129		134		138	
130		135		139	
131		136		140	
132		137		141	
133		138		142	
134		139		143	
135		140		144	
136		141		145	
137		142		146	
138		143		147	
139		144		148	
140		145		149	
141		146		150	
142		147		151	
143		148		152	
144		149		153	
145		150		154	
146		151		155	
147		152		156	
148		153		157	
149		154		158	
150		155		159	
151		156		160	
152		157		161	
153		158		162	
154		159		163	
155		160		164	
156		161		165	
157		162		166	
158		163		167	
159		164		168	
160		165		169	
161		166		170	
162		167		171	
163		168		172	
164		169		173	
165		170		174	
166		171		175	
167		172		176	
168		173		177	
169		174		178	
170		175		179	
171		176		180	
172		177		181	
173		178		182	
174		179		183	
175		180		184	
176		181		185	
177		182		186	
178		183		187	
179		184		188	
180		185		189	
181		186		190	
182		187		191	
183		188		192	
184		189		193	
185		190		194	
186		191		195	
187		192		196	
188		193		197	
189		194		198	
190		195		199	
191		196		200	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NURSE, HUGH 1400 N.W. 174TH ST. MIAMI FL 33169				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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURSE, HUGH	1.2 NAME	
STREET ADDRESS	1400 N.W. 174TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Hugh Nurse 4/15/98 305-623-8051

CR2E034 (10/97)