

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

FILED

Apr 22 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000066645 (9)

1. Corporation Name
COMPUTER MASTER SOLUTIONS, INC.

Principal Place of Business
16675 S.W. 5TH WAY
FT. LAUDERDALE FL 33326

Mailing Address
16675 S.W. 5TH WAY
FT. LAUDERDALE FL 33326



DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/29/1995

4. FEI Number
65-0608941

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 449 Sailboat Circle
22 Suite, Apt. #, etc.
23 City & State: Weston, FL
24 Zip: 33326
25 Country: U.S.A.

2a. Mailing Address
26 449 Sailboat Circle
27 Suite, Apt. #, etc.
28 City & State: Weston, FL
29 Zip: 33326
30 Country: U.S.A.

9. Name and Address of Current Registered Agent

CASTIGLIONE, GIOVANNI
16675 S.W. 5TH WAY
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: Castiglione, Giovanni
82 Street Address (P.O. Box Number is Not Acceptable): 449 Sailboat Circle
83
84 City: Weston FL 85 Zip Code: 33326

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: Giovanni Castiglione President Giovanni Castiglione 4/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PDS | <input type="checkbox"/> DELETE |
| NAME | CASTIGLIONE, GIOVANNI | |
| STREET ADDRESS | 16675 S.W. 5TH WAY | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | CASTIGLIONE, MARIA P | |
| STREET ADDRESS | 16675 S.W. 5TH WAY | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33326 | |
| 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

| | | |
|-------------------|-----------------------|--|
| 11 TITLE | PDS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Castiglione, Giovanni | |
| 13 STREET ADDRESS | 449 Sailboat Circle | |
| 14 CITY-ST-ZIP | Weston, FL 33326 | |
| 21 TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Castiglione, maria P. | |
| 23 STREET ADDRESS | 449 Sailboat Circle | |
| 24 CITY-ST-ZIP | Weston, FL 33326 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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: Giovanni Castiglione Giovanni Castiglione 4/9/98 (954) 384-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0297640

CR2E034 (10/97)