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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P95000072774**1. Corporation Name

COMPUTER SOLUTIONS ENTERPRISES, INC.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90055 008 \*\*\*150.00



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of Business	Mailing Address				( 1981)281 110 (010) GILLI 05111 01111 01111	M. 18818 HAN 1881	, 19011 9101 1001
IVENUE CE FL 33617	409 DUNEDIN AVENUE TEMPLE TERRACE FL 33617			DO NOT WRITE IN TH	IIS SPACE		
				1	3. Date Incorporated or Qualifed		
				J	09/20/1995		)
ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
<u> </u>	26 4707 8 Bue	シム	. 13h:	d	59-3335746	N	ot Applicable
	Suite, Apt. #, etc.	~~				\$8.75	Additional
1 107	27 Suite 103	,		ļ	5. Certificate of Status Desired	Fee R	equired
9	City & State				6. Election Campaign Financing	\$5.00	May Be
na FL	28 Tampu	FL	, 		Trust Fund Contribution	Added	to Fees
Country	Zip	Countr	у		8. This corporation owes the current year	Intangible	_
(1) [25] Hillsborough	h 29 33617 30	$H_{ijj}$	sboro	ugh	Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current	Registered Agent			<u> </u>	10. Name and Address of New Register	ed Agent	
LAW FIRM OF LAWRENCE LOD	POEL OUBTR	8	1 Name				
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			82 Street Addre		s (P.O. Box Number is Not Acceptable)		
AL GABLES FL 33134		8	3				
		8	4 City >			. 85 Zip	Code
					-	<b>L</b>   '   '	
egistered agent, or both, in the State o	of Florida. Such change was author	nzed by	y the corpo	corpor oration	ation submits this statement for the purpose is board of directors. I hereby accept the ap-	of changing its pointment as re	s registered egistered
			ent signature r	equired w		AND DIRECTO	ORS IN 12
					ADDITIONS/CHANGES TO OTT ICERS		Addition
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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 truestee 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:

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR