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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079302

1. Corporation Name

Principal Place of Business
8440 ULMERTON ROAD
8440 ULMERTON ROAD SUITE 510 LARGO FL 33771
LARGO FL 33771

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90043 040 ***150.00

NORTECH COMPUTER SERVICES, IN	NC. Mailing Address							
8440 ULMERTON ROAD	8440 ULMERTON ROAD							
SUITE 510	SUITE 510 LARGO FL 33771		DO NOT WRITE IN THIS	SPACE				
LARGO FL 33771 LARGO FL 33771			3. Date Incorporated or Qualifed					
					10/12/1995			<u> </u>
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			ed For
21 6332 NEW YORK STREET	26				59-3339277	60.		Applicable ditional
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			ditional lired
City & State	City & State				6. Election Campaign Financing		00 м	
23 ZEPHYRHIUS, FL	28			_	Trust Fund Contribution		ded to	
Zip Country	Zip	Count	try		8. This corporation owes the current year Ir	tangible	_	7.u_
24 335 40 25 USA		30			Personal Property Tax. (*** ** ** *** *** *** *** *** *** **]No
9. Name and Address of Current	Registered Agent	- 8	B1 N	Name	10. Name and Address of New Registered	Agent		
NORTON, KEVIN								
3660 E BAY DR #722		8	82 S	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
LARGO FL 33771		ε	83					
·		-	84 (City -	<u> </u>	85	Zip Co	de
			` `	•	<u>FI</u>	_ `	•	
11 Pursuant to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the abo	ove-n	named co	prporation submits this statement for the purpose of	f changin	g its re	gisterea
SIGNATURE	f Florida. Such change was at ons of, Section 607.0505, Flor	ida Statut	by the les.	e corpora	Allon's board of directors. Thereby accept the appr	f changin pintment a	g its regis	egistered stered
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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 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.

UND RECING DIRED

WE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #