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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089821 (9)

1. Corporation Name

IDEAL COMPUTER SERVICES, INC.

Principal Place of Business

3984 EXECUTIVE DR.
PALM HARBOR FL 34685

Mailing Address

3984 EXECUTIVE DR.
PALM HARBOR FL 34685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 127 Forest Lakes Blvd		26 same		11/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 11 & 12		27		59-3346395	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Oldsmar Florida		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 34677		25 US		30	

9. Name and Address of Current Registered Agent

HINES, BARRY A
10355 LIGHTNER BRIDGE DRIVE
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name	Donald B. Hines
82 Street Address (P.O. Box Number is Not Acceptable)	10355 Lightner Bridge Drive
83	
84 City	Tampa
85 Zip Code	FL 33626

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

Donald B. Hines

President

3/5/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	NAME	1.1 TITLE	President
NAME	HILLMAN, BETH A	1.2 NAME	Hines, Donald B.
STREET ADDRESS	3984 EXECUTIVE DR.	1.3 STREET ADDRESS	127 Forest Lakes Blvd Suite 11
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	VP	2.1 TITLE	
NAME	HINES, BARRY	2.2 NAME	
STREET ADDRESS	3984 EXECUTIVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Donald B. Hines

3/5/98 8128555127

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