## 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 # P9600001004

1. Corporation Name

THE COMPUTER TAILORS, INC.

Principal Plac						ווסט נגועם זווסט ווגו <b>ה א</b> גועו פוו וסאנוסטג ו	, i a & i i i i i i i i i i i i i i i i i	1 EBILL #81		
Principal Place of Business Mailing Address					1					
20034 OCEAN KEY DRIVE 20034 OCEAN KEY DRIVE					1					
BOCA RATON FL 33498 BOCA RATON FL 33498						DO NOT WRITE IN THIS SPACE				
	•				}	3. Date incorporated or Qualified	TITIO DI AOI			
G. Dilating Olean & Divisions						01/03/1996 4. FEI Number		Annli	ed For	
Principal Place of Business     2a, Mailing Address						**	-	<b>→</b> · · ·	Applicable	
21		26		***		65-0634327	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				
22		27						<del></del> -		
City & Sta	te	City & State			l	6. Election Campaign Financing		.00 м	• 1	
23		28				Trust Fund Contribution		ided to	rees	
Zip Country Zip			Country			This corporation owes the current year Intangible     Personal Property Tax.     Yes				
24	25	<del></del>	30			Personal Property Tax.		S L4	DIO.	
	9. Name and Address of Curr	ent Registered Agent		41		10. Name and Address of New Regis	terea Agent			
	NON MAUDEEN II		8	1 Name	€					
KENNON, MAUREEN H				2 Stree	t Addres	Address (P.O. Box Number is Not Acceptable)				
	9 GLADES ROAD		L							
1	TE 313		8:	3						
BO0	CA RATON FL 33431		8	4 014			85	Zip Co	de	
1	•			4 City			FL  °°	Zip Co	1	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abo	ve-name	d corpora	ation submits this statement for the purpo	ose of changi	ng its re	gistered	
l office or a	registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change was au	ithorized b	v the cor	poration'	s board of directors. I hereby accept the	appointment	as regis	stered	
agent. ra	am ramıllar with, and accept the oblig	gations of, Section 607,0303, Fion	ida Statute	· .		•				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ap	ent signaturi	e required w	hen reinstating) D/	ATE			
	Signature, typed or printed name of registered a	<u> </u>		ent signaturi	e required w	hen reinstating) D/ ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Ag 13. 1.1 TITLE		e required w				S IN 12	
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12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PD DATZ, LOUIS 20034 OCEAN KEY DRIVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRES			RS AND DIR			
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CATY-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 of the state of the corporation or the receiver of the state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an oath is a same legal effect as if made under oath; that I am an oath i

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

REQUIRED MING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90065 020 \*\*\*150.00