

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90114 028 \*\*\*163.75

DOCUMENT # P96000007813

1. Corporation Name  
CHOICE COMPUTER CONSULTANTS, INC.



Principal Place of Business  
205 E. CENTRAL BOULEVARD  
SUITE 304  
ORLANDO FL 32801

Mailing Address  
1342 E VINE ST  
#399  
KISSIMMEE FL 34744  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/25/1996

4. FEI Number  
59-3363399

Applied For  
Not Applicable

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 200 EAST LAS OLAS BLVD.

2a. Mailing Address  
26 200 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.  
22 SUITE 2040

Suite, Apt. #, etc.  
27 SUITE 2040

City & State  
23 FT. LAUDERDALE FLORIDA

City & State  
28 FT. LAUDERDALE FLORIDA

Zip  
24 33301

Country  
25 USA

9. Name and Address of Current Registered Agent

29 33301

10. Name and Address of New Registered Agent

NISI, FRANK P JR.  
205 E. CENTRAL BOULEVARD  
SUITE 304  
ORLANDO FL 32801

81 Name  
FRANK P. NISI, JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
918 ORANGE AVENUE

83 SUITE B

84 City  
WINTER PARK FL

85 Zip Code  
32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS  
VOYATZOGLOU, THEODOSIOS  
1342 E VINE ST #399  
KISSIMMEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DPTS  
VOYATZOGLOU THEODOSIOS  
224 ROYAL PALM DRIVE  
FT. LAUDERDALE FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEN BOER, PETER  
CENTURION PARK NO. 6, 256 VON WILLICH AVE.  
CENTURION 0046 RE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
DEN BOER, PIETER  
CENTURION PARK NO.6, 265 VON WILLICH AVE  
CENTURION 0046, SOUTH AFRICA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOUW, KOBUS  
CENTURION PARK NO. 6, 256 VON WILLICH AVE.  
CENTURION 0046 RE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D  
PIEK, PHILLIP  
CENTURION PARK NO.6, 265 VON WILLICH AVE.  
CENTURION 0046, SOUTH AFRICA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SAMPSON, MARK  
5285 GREYSTONE DRIVE #102  
INVER GORVE HEIGHTS MN 55077

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
VP  
SAMPSON, MARK  
3118 CUNNEEN CT  
INVER GROVE HEIGHTS, MN 55076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CAN LEEUWEN, HUBERTUS  
6565 S. SYRACUSE WAY #2313  
ENGLEWOOD CO 80111

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
VP  
VAN LEEUWEN, HUBERTUS  
3179 E. MAPLEWOOD AVENUE  
LITTLETON, CO 80121

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GROSS, STEVEN  
14600 STARING LAKE PKWY  
EDEN PRAIRIE, MN 55437

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D  
GROSS, STEVEN  
14600 STARING LAKE PKWY  
EDEN PRAIRIE, MN 55437

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/99 (954) 525-2080

Date

Daytime Phone #

CR2E034 (11/98)

0562304