

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008707 (7)

1. Corporation Name
ENTERPRISE COMPUTER CONSULTING, INC.



Principal Place of Business

Mailing Address

~~470 SOUTH PARK ROAD~~
~~#509~~
~~HOLLYWOOD FL 33021~~

~~470 SOUTH PARK ROAD~~
~~#509~~
~~HOLLYWOOD FL 33021~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1883 DISCOVERY WAY

26 1883 DISCOVERY WAY

3. Date Incorporated or Qualified
01/24/1996

4. FEI Number
65-0658847

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

22

27

City & State

23 DEERFIELD BEACH, FL

City & State

28 DEERFIELD BEACH, FL

24 Zip 33442 Country USA

29 Zip 33442 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, MICHAEL T
~~470 SOUTH PARK RD.~~
~~STE. 609~~
~~HOLLYWOOD FL 33021~~

81 Name ADAMS, MICHAEL T.
82 Street Address (P.O. Box Number is Not Acceptable)
1883 DISCOVERY WAY
83 #
84 City DEERFIELD BEACH FL 85 Zip Code 33442

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 *Michael T. Adams* MICHAEL T. ADAMS PRESIDENT 4/16/98
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 P
NAME ADAMS, MICHAEL T.
STREET ADDRESS 470 S. PARK RD., #309
CITY-ST-ZIP HOLLYWOOD FL ☒ DELETE

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME ADAMS, MICHAEL T.
1.3 STREET ADDRESS 1883 DISCOVERY WAY
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Michael T. Adams* MICHAEL T. ADAMS 4/16/98 (94) 571-8733

CR20034 (10/97)