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 # **P96000011450**1. Corporation Name

CONFIGURED WORKSTATIONS, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90021 022 ***150.00



								(119 1) 111) 161) 1 13) 111 1 11
Principal Plac	e of Business	Mailing Address							
801 WEST BAY DRIVE STE 516 801 WEST BAY DRIVE STE 51						•			
LARGO FL 33770		LARGO FL 33770			ĺ	DO NOT WRITE IN THIS SPACE			
					ŀ	3. Date Incorporated or Qua		, o. 10L	
					İ	02/06/1996			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
	50th Avenue	26 214 150th	Aver	ше		59-3359164		⊢- }—	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.							Additional
22	m, 5to.	27)	Certificate of Status Desir	ed 🗌	,	equired
City & Stat		City & State				6, Election Campaign Finan	cina*	\$5:00	May Be
	ia Beach, Florida	Maderia Beach, FL				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the	e current year In	tangible	
33	708 25	29 33708 30				Personal Property Tax.		Yes	□No _
	9. Name and Address of Current		T			10. Name and Address of N	lew Registered	Agent	
			3	11 Nam	e	William E			
COOKE, WILLIAM E				Cooke, William E. 82 Street Address (P.O. Box Number is Not Acceptable)					
801		214 150th Avenue			ceptable)		. 1		
LARGO FL 33770			8	3		<u>CT</u>		-	
			_	 _				0-1-7:-	Cada
	_		- 1			Beach	FL		378 8
11. Pursuant	to the provisions of Sections 607,0502 egistered agant, or both, in the State of	and 607.1508, Florida Statutes,	the abo	ve-name	d corpor	ation submits this statement for	r the purpose of	f changing its	s registered
office or r	egistered agant for both, in the State of m familiar with and accept the obligatio	riorida. Such change was auth ns of, Section 607.0505, Florida	onzeo d Statute	sy ine cor es.	poration	s board of directors. Thereby	accept the appo	7	Lgiotei Cu
SIGNATURE						. 1"	ner	1	
Signature, typed of painted name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					e required w	hen reinstating)	DATE	,	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	O OFFICERS A		
TITLE	DPS	☐ DELETE	1.1 TITLE					Change	Addition (
NAME	COOKE, WILLIAM E		1.2 NAM	Ē					ļ
STREET ADDRESS	801 WEST BAY DRIVE STE 516		1.3 STRI	ET ADDRES		4 150th Avenue			1
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY	ST-ZIP	Ma	<u>deria Beach, FL</u>	33708		
TITLE		DELETE	2.1 TITLI	.				Change	☐ Addition
NAME			2.2 NAM	E	1				}
STREET ADDRESS			2.3 STRE	ET ADDRES	s				1
CITY-ST-ZIP			2. 4 CITY	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	<u> </u>	' '			Change	Addition [
NAME			3.2 NAM	E ·	}	•			1
STREET ADDRESS			3.3 STRE	ET ADDRES	s	•			}
CITY-ST-ZIP			3.4. C(T)	ST-ZIP					
TITLE		☐ DELETE	4.1 1111.1)			Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STR	ET ADDRES	s				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	•	ĺ			[] Change	☐ Addition
NAME			5.2 NAM	E]
STREET ADDRESS			5.3 STR	ET ADORES	s	•			ļ
CITY-ST-ZIP			5.4 CITY	ST-ZIP			. <u>.</u>		
TITLE		☐ DELETE	6.1 TITLE	:			_	Change	☐ Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	ET ADDRES	s				ļ
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	1				

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 charges, or op an attachment with an address, with all other like empowered.

SIGNATURE: