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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # **P96000012887** (1)

COMPUTER SERVICES ETC., INC.

FILED
Apr 07 1997 8:00am
Secretary of State

C/O MARK A. GRASSL C/O MARK 6201 HILLSIDE AVE N 8201 HILLS			ng Address Mark A. Grassl HILLSIDE AVE N IOLE FL 33772-8515			-				
						 Date Incorporated or Qualified 02/09/1996 	3a. Dat	e of Last Re	∋port	
2. Principal Pl	ace of Business	2a. Mail	2a. Mailing Address			4. FEI Number	<u> </u>	T Ao	plied For	
21		26				59-3360725	-	No	t Applicab	
Suite, Apt #, etc		Suite 27	Suite, Apt. #, etc.			5 Cartificate of Status Decired \$8			3.75 Additional Fee Required	
City & State		28	& State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 24	25 29			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	Name and Address of Cur RTON, A. EDWARD	rent Registered	Agent		81 Name _	10. Name and Address of New Re	gistered A	gent		
LARG	3 ULMERTON RD, SECURITY 10 FL 34648				63 63 684 City 5	em.inale	<i>N</i> FL	85 Zip C	772	
11. Pursuant t office or re agent. Lar	to the provisions of Sections 607.0 egistered agent, or both, in the Standard land accept the ob-	9502 and 607.15 ate of Florida. Si ligations of, Sec	08, Florida Statute uch change was au tion 607.0505, Flor	s, the ab uthorized rida Stati	ove-named cor I by the corpora utes.	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of on the appo	changing its intment as i	s registere registered	
SIGNATURE	Solution type a or present read of registered	Boot and little if another	cable (NOTE:	Registered	Agent signature regu	ired when reinstating)	DATE	2-3/-1	17_	
12,		AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TIFLE	D		DELETE	1.1 Ts1	LE			Change	Additio	
NAME	GLASSL, MARK A			1.2 NA	ME					
STREET ADDRESS	6201 HILLSIDE AVE N			1.3 ST	REET ADDRESS					
CITY: ST-ZIP	SEMINOLE FL 34842			1.4 €Γ	Y-ST-ZIP					
TITLE			DELETE	2.1 T()	LE			Change	Additio	
NAME				2.2 NA	ме					
STREET ADDRESS				2.3 ST	REET ADDRESS					
CITY - ST - ZIP				2.40	TY-ST-ZIP					
TITLE			DELETE	3 1 Til	ı F			Change	Addition	

14. I do 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

32 NAME 33 STREET ADDRESS

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

3 4. CITY - ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STHEET ADDRESS

THLE

NAMS

TITLE

NALIL

STREET ADDRESS

CITY: \$1 - ZiP

0/1Y+S1-7/P

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIF

CALTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF URECTOR

-7-97 415-120 Date Daytime Priorie #

Change

Change

Change

Addition

Addition

Addition