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03-01-1999 90086 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000023952**1. Corporation Name

B & C COMPUTER CONSULTING, INC.

Principal Place of Business Mailing Address							i 10011001 110 10110 01111 00111 0011		188 14118 1818	,
434 37TH STREET WEST PALM BEACH FL 33407		434 37TH STREET WEST PALM BEACH FL 33407				DO NOT WRIT	E IN THIS S	SPACE		
							3. Date Incorporated or Qualifed			· ·
							03/18/1996			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		A	pplied For
21		26					65-0652516	•	N	ot Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional ·	
22		27				5. Certificate of Status Desired	L.,.J	Fee R	tequired	
City & State		City & State				6. Election Campaign Financing	П	\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Ro	agisterea A	gent	 -
ΔME	RILAWYER CHARTERED			"	Name					
343 ALMERIA AVENUE			82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		1	
	AL GABLES FL 33134									
00.0				83						
				84	City			FL	85 Zip	Code
44 Durayant	to the provisions of Sections 607.050	02 and 607 1508. Flori	da Statutes II	he above	-named	comoral	tion submits this statement for the o	ournose of c	hanging it	s registered
office or re	naistered agent or both in the State	of Florida, Such chan	de was autho	rized by	the corp	oration's	board of directors. I hereby accept	the appoin	tment as r	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.	U5U5, Florida	Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable	(NOTE: Regis	stered Agen	t signature i	required who	en reinstating)	DATE		
12.		ND DIRECTORS	1	13.		,	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	PTD		ELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	CONNELL, WENDELL W		Ŀ	1.2 NAME						
STREET ADDRESS	434 37TH STREET			1.3 STREET	ADDRESS					Ì
CITY-ST-ZIP	WEST PALM BEACH FL 33407	!		1.4 CITY-ST	r-ZIP					٠
TITLE	VSD		ELETE	2.1 TITLE			9.		☐ Change	☐ Addition
NAME	BRADSHAW, GREGORY E I			2.2 NAME						
STREET ADDRESS	434 37TH STREET			2.3 STREET	ADDRESS	:				
City-St-ZIP	WEST PALM BEACH FL 33407	<i>!</i>		2. 4 CITY-S	T-ZIP					
TITLE			ELETE	3.1 TITLE			-		Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS	:				
CITY-ST-ZIP	<u> </u>			3.4. CITY-S	T-ZIP	<u> </u>				
TITLE			ELETE	4.1 TITLE					☐ Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS	;				
CITY-ST-ZIP				4.4 CITY-S	r-ZiP					
TITLE	•		ELETE	51 TITLE					☐ Change	Addition
NAME				5.2 NAME			,		•	
STREET ADDRESS				53 STREET		·				
CITY-ST-ZIP		<u></u> _		5.4 CITY-S	T- ZIP	-				□ 4 3 392.
TITLE			ELETÉ	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS	3				

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.

6.4 CITY-ST-ZIP

SIGNATURE: