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

PROFIT CORPORATION: ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P9600036299

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90038 050 ***150.00

ACTINA	COMPUTER SERVICES INC									
Principal Plac	e of Business	Mailing Address					64186 II		11818 1811	I
2508 NE 29TH COURT 2508 NE 29TH COURT										
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306			06							
						DO NOT WRITE IN	HIS	SPACE		
						3. Date Incorporated or Qualifed				
M. W. Addus						04/25/1996 4. FEI Number			Appli	od For
Principal Place of Business 2a. Mailing Address						} ·		Applied For Not Applicable		
Suite Apt # etc. Suite, Apt, #, etc.						\$8.75 A				
7			#, 0 10.			5. Certificate of Status Desired Fee Requin				
City & Sta	te		City & State			e Flection Campaign Financing \$5.00 May Re				av Be
3		28				Trust Fund Contribution			ded to F	
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year	ar Inta	ngible		•
24)	25]	_ 	30			Personal Property Tax.		Yes	7	No
	9. Name and Address of Currer	, <i></i>				10. Name and Address of New Registe	red A	gent		
				81	Name		_			
	3B, JOHN			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	B NE 29TH COURT			~~						
FOF	IT LAUDERDALE FL 33306			83						
				84	City			85	Zip Coo	de en
				04	City		FL		Z.IP 00.	,
12.	Signature, typed or printed name of registered age: OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AN			
TITLE	D	☐ DELETE	1.1 TITLE					Cha	inge	☐ Addition
NAME	WEBB, JOHN		. 1.2 NAME							
STREET ADDRESS	2508 NE 29TH COURT		1.3 5	1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33306			TY-ST	r-2(P					□ 1 4 4 (2)
TITLE		☐ DELETE	2.1 TITLE		}			Cha	inge	Addition
NAME			2.2 N	AME						
STREET ADDRESS	3		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	<u> </u>		_	ITY-S	T-ZIP			∏ Cha	nne.	☐ Addition
TITLE	S	☐ DELETÉ	3.1 7						v de	
NAME			3.2 N		. Appreca	-				
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	 	☐ DELETE	3,4. C	TI E	I-ZIP			Cha	ange	Addition
YITLE	}	☐ DEFEIG		_	1				J -	
NAME				IAME TOEST	ADDRESS					
STREET ADDRESS	•		•		ADDRESS					
CITY-ST-ZIP	 	☐ DELETE	4.4 C	TY-ST	1-217			Chi	enge	Addition
TITLE			5.1 N					_	-	
NAME CTREET ADDRESS										
STREET ADDRESS	' [5.3 5	TREET	ADDRESS					
CITY-ST-ZIP TITLE				TREET ITY-ST	ſ					
		DELETE		NY-51	ſ			Chi	ange	Addition
		☐ DELETE	5.4 C	MY-ST	ſ			☐ Cha	ange	Addition
NAME		[] DELETE	5.4 C 6.1 Ti 6.2 N	ITY-ST ITLE AME	ſ			☐ Cha	ange	Addition
		☐ DELETE	5.4 C 6.1 T 6.2 N 6.3 S	ITY-ST ITLE AME	T-ZIP			☐ Cha	ange	Addition

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: