SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 YS COMPUTER SYSTEMS, IN)					
Principal Plac	ce of Business	Mailing Address				L SABAINNA TIN TAYAN ALAKI MADIN NAUTU ANT	11 36110 01101 15136 11	HANN TYNN D THAT LANDE
16507 NW 7TH STREET		16507 NW 7TH STREET	r		- 1			
PEMBROKE PINES FL 33028		PEMBROKE PINES FL			į			
						DO NOT WRITE		
						3. Date Incorporated or Qualified 08/15/1996	3a. Date of La	ast Report
2. Principal Place of Business		2a. Mailing Address			1	4. FEI Number	ļ	Applied For
		26			65-0691754		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional	
City & State		City & State					ee Required	
		28			Election Campaign Financing Trust Fund Contribution		.00 May Be	
23 Zip	Country	Zip	Countr	······				
24	25	29	30	,		This corporation owes or has pail Personal Property Tax due June		ar intangible No
	9. Name and Address of Current				ا	10. Name and Address of New Reg		
RC	SARIO, JOHN		8	Name				
	507 NW 7TH STREET	82 Street Add		Address	dress (P.O. Box Number is Not Acceptable)			
· PE	MBROKE PINES FL 33028		100	Street	Address	(P.O. Box Number is Not Acceptato	10)	
			8:	3				
			1	1 0:				3. 6.3
				64 City FL 85 Zip Code			ZID Code	
agent. I agent. I agent. I a	to the provisions of Sections 607.0502 registered apent, or both, in the State of an lambda, with and accept the obligation of the control of	ano tilic il applicable. (NC	Florida Statute OTE: Registered A				9/1/4/	<u>/</u>
TOTLE	Vie President	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	TVic	e President	Cha	
NAME	Christophor Rosenstock	<u> </u>	1.2 NAME			man Fine	A	ingo <u>in</u> riconion
STREET ADDRESS	99870 Born Gardens T	rail	1	T ADDRESS	750	NE 199 128+. HIOZ		
CITY-ST-ZIP	Boca Raton FL 334	96	1.4 CITY-			iami Beach, FL 33177		
TITLE	10000	DELETE	2.1 TITLE		1		☐ Cha	ange Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP	1			
TITLE		DELETE	3.1 TITLE				Cha	ange Addition
NAME	1		3.2 NAME		}			
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP	<u></u> .			
TITLE		☐ DELETE	4.1 TITLE		}		☐ Cha	inge 🔲 Addition
NAME	ļ		4. 2 NAM	Ē				
STREET ADDRESS			4.3 STREE	T ADDRESS	į			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ange 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-		 		F1 65	Man Adalis-
TITLE		□ DETE (€	6.1 TITLE				∐ Cha	ange [_] Addition
NAME ATRICT ADDRESS			6.2 NAME		1			
STREET ADDRESS	1		6.3 STREE	TADDRESS	}			

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 appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Bloc

REQUIRED

FILED

Sep 19 1997 8:00am

Secretary of State