

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90021 048 ***150.00

DOCUMENT # P96000075094

1. Corporation Name

COMPLETE COMPUTER CONSULTANTS, INC.

Principal Place of Business

14087 SW 48TH LANE
MIAMI FL 33175

Mailing Address

14087 SW 48TH LANE
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

65-0701525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 14077 S.W. 48TH LANE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33175

Country

25 U.S.A.

2a. Mailing Address

26 14077 S.W. 48TH LANE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33175

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

KATZ, LAWRENCE S
3225 AVIATION AVENUE STE 300
BAYVIEW PLAZA
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME YU, TIMOTHY

STREET ADDRESS 14087 SW 48TH LANE

CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME YU, GREGORY T

STREET ADDRESS 14087 SW 48TH LN

CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME YU, MEI

STREET ADDRESS 14087 SW 48TH LN

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

14077 S.W. 48TH LANE

MIAMI, FL 33175

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

14077 S.W. 48TH LANE

MIAMI, FL 33175

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

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: X

Timothy Yu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0252426