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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

STREET ADDRESS

SIGNATURE:

COTELLI	GENT FORT LAUDERVALE,		<u></u> .						
Principal Place	e of Business	Mailing Address							
CPYRESS CENTER C/O CTELLIGENT GROUP. 6600 N ANDREWS AVE. STE. 555 101 CALIFORNIA ST STE.									
FT LAUDERDALE FL 33309		SAN FRANCISCO CA 94111			DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualif	3. Date Incorporated or Qualifed			
					09/25/1996				
2. Principal Pl	ace of Business	2a. Mailing Address		T	4. FEI Number			lied For	
21		c/o Cotelligent, Inc.			94-3286988			Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	ı 🗆	\$8.75 A		
22		27 Suite 2050						<u></u>	
City & State		City & State 28 San Francisco, CA			6. Election Campaign Financi	^{ng} □	\$5.00 M Added to	, ,	
23	Country	Zio Francis		A. untry	Trust Fund Contribution 8. This corporation owes the	wroot voor Into		11663	
Zip	25	29 94111	30	US	Personal Property Tax.			√No	
24	9. Name and Address of Current		[30]	102	10. Name and Address of Ne			A	
	J. Harrie and Madress of Carrent			81 Name					
	CORPORATION SYSTEM			82 Street	Address (P.O. Box Number is Not Acc	entable)			
1200	SOUTH PINE ISLAND ROAD			oz Street	Address (P.O. Box Number is Not Acc	epiable)			
PLANTATION FL 33324				83					
				84 City			85 Zip C	ode	
						<u>FL</u>	11		
11. Pursuant f	to the provisions of Sections 607.0502	and 607.1508, Florida State	ites, the a	above-named	corporation submits this statement for oration's board of directors. I hereby ac	the purpose of c	hanging its r	egistered	
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	or Florida. Such change was ions of, Section 607.0505, F	authorize Iorida Sta	tutes.	pration's board of directors. Thereby ac	cept the appoint	unoni as reg	, J.D. CC	
SIGNATURE								\	
	Signature, typed or printed name of registered agent				equired when reinstating)	DATE	DIRECTOR		
12.	OFFICERS AND	DIRECTORS	13.	•	equired when reinstating) ADDITIONS/CHANGES TO			RS IN 12	
12.	OFFICERS AND		13. 1,1 T	IITLE			DIRECTOR		
12. TITLE NAME	OFFICERS AND D JACKSON, DANIEL E	D DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME					
12. TITLE NAME STREET ADDRESS	D JACKSON, DANIEL E 101 CALIFORNIA ST., SUITE 20	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET ADDRESS					
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JACKSON, DANIEL E 101 CALIFORNIA ST., SUITE 20 SAN FRANCISCO CA 94111	D DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 14 C	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D JACKSON, DANIEL E 101 CALIFORNIA ST., SUITE 20 SAN FRANCISCO CA 94111 P	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D JACKSON, DANIEL E 101 CALIFORNIA ST., SUITE 20 SAN FRANCISCO CA 94111 P JASKIEL, JUDITH	D DIRECTORS DELETE D50	13. 1.1 T 1.2 M 1.3 S 14 C 2.1 T 2.2 M	TITLE STREET ADDRESS CITY-ST-ZIP TITLE VAME			☐ Change	Addition	
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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 AND TYPED OR PRINTEDWAME OF SIGNING OFFICER OR DIRECTOR Date

(415)439-6400

Daytime Phone #