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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085993 (9)

COMPUTER X CONSULTING INC.

Principal Place of Business		Mailing Address	Mailing Address			T DEGLIEGE HAN DRIVE BLITH BUNK BONN BONN BUILD BLIVE SELLE IBLED INCH 1864
1112 WES	TON RD	1112 WESTON RD				
SUITE 19	•	SUITE 191	SUITE 191			
WESTON FL 33326		WESTON FL 33326			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
A 50000	- Discourage of	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				01/01/1997
2. Principal Place of Business		2a, Mailing Address				4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt. #, etc.		26				
<u> </u>	pr. w. etc.	F1				5. Certificate of Status Desired   \$8.75 Additional Fee Regulred
22 City & :	State	City & State				
23	nato	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Cour	ntrv		8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
8.4	9. Name and Address of Curi	···	1001			10. Name and Address of New Registered Agent
	GIAMUNDO, JOHN P	······		81	Name	
	1112 WESTON RD		-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
!	SUITE 191		1			
	Weston FL 33326			83		
			ľ	84	City	FL 85 Zip Code
44 Paren	ant to the provisions of Spetions 607 (	3502 and 607 1508. Florida Stati	itos tho at	) ) )	named corry	pration submits this statement for the nurness of changing its registered
office	or registered agent, or both, in the St.	ate of Florida, Such change was	authorized	by 1	the corporation	ion's board of directors. I hereby accept the appointment as registered
	Tall land with And accept the on	engancins of section our boos, r	ionua stati	utes.		4-27-98
SIGNATUR	algorithm, typied or portled name of registered	agent and lift if applicable (NC	III Registered	l Agent	signature require	ed when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	L DELETE	1.1 TH	LΕ	}	Change Addition
NAME	GIAMUNDO, JOHN P		1.2 NA	ME		
STREET ADDRE			1.3 \$1	REET AI	DDRESS	
CITY-ST-ZIP	WESTON FL 33326		1.4 CIT	Y-ST-	ZIP	
TITLE	DVST	DELETE	2.1 T(T	LE		Change Addition
NAME	<b>GIAMUNDO</b> , DEBRA M		2.2 NA	ME		• 1
STREET ADORE			2.3 STI	REET A	DORESS	
CITY-ST-ZIP	WESTON FL 33326		2. 4 CI	TY- \$1	- ZIP	
TITLE		L_ DELETE	3.1 TIT	LF		☐ Change ☐ Addition
NAME			3.2 NA	ME	Į.	
STREET ADDRE	ss		3 3 ST	REET A	DDRESS	
CITY-ST-ZIP			3.4. Cr	TY-ST-	- ZIP	
TITLE		☐ DELETE	4.1 TH	l F		Change Addition
NAME			4. 2 NA	Mξ		
STREET ADORE	ss (		4.3 STI	REE1 AI	DDRESS	
CITY-ST-ZIP			4.4 CIT	Y-S1-	ZIP	
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRE	ss		5.3 ST	REET AC	DDRESS	
CITY-ST-ZIP	į.					
2011-01-60		DELETE	5.4 CIT	Y-ST-	ZIP	☐ Change ☐ Addition

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.