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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000089653 (5)

FLORIDA COMPUTER SYSTEMS & SERVICE, INC.

Principal Place of Business

Mailing Address

2669 PORREST HILL BOULEVARD. SUITE 101

2669 FORREST HILL BOULEVARD, SUITE 101

FILED May 15 1997 8:00am Secretary of State

WEST PALM E	SEACH FL 33054	WEST PALM BEACH FL 33	406-5935		,		
					3. Date Incorporated or Qualified 10/31/1996	3a. Date of Last Re	eport
	lace of Business	2a. Mailing Address	<u>1</u>	11/1/01	.4. FEI Nymber		plied For
21 29	14 Topest Hill 1	Studies 2934 f	cresi	11.11 B/	d 65-07 <i>03</i> 690	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75	Additional
22		27 -			5. Certificate of Status Desired	Fee Re	quired
City & Stat 23 WB	, FL	City & State FC			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
ー Zip ラッゾ	Country	Zip	Countr	,	8. This corporation has liability for		199.032,
24 334			30 C	SA	1	Yes No	
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Re	gistered Agent	
AMERILAWYER CHARTERED				Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
				City	FL 85 Zip Code		
SIGNATURE	Signature, typed or printed name of registered as	port and trito if applicable (NOTE	Registered Ac	jont signature requiti	og when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	PSTO	DELETE	1.1 TH LE			Change	Addition
NAME				{			
STREET ADDRESS 2669 FORREST HILL BOULEVARD, SUITE 101			1.3 STREE	1 ADDRESS			
CITY-ST-ZIP WEST PALM BEACH FL 33054			1.4 CiTy -	ST-ZIP			
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STREET ADDRESS				T ADDRESS			
_CITY-ST-ZIP			4.4 CiTy -	\$1+Z(I']			

4. 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 eath; 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 changes—an attachment with an address

5.1 TITLE

5.2 NAME

6.1 1/116

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

ITY-ST-ZIP

C(TY-ST-ZIP

561-641-4008

Change

Change

Addition

☐ Addition