

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # **P96000096231 (1)**

1. Corporation Name

**INSIDE COMPUTER SERVICES, INC.**



Principal Place of Business

Mailing Address

**UNIT 5, 1600 N. FEDERAL WAY  
BOYNTON BEACH FL 33435**

**UNIT 5, 1600 N. FEDERAL WAY  
BOYNTON BEACH FL 33435-2811**

3. Date Incorporated or Qualified

**11/26/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0715026**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HOFFMAN, J.**  
STREET ADDRESS **UNIT 5, 1600 N. FEDERAL WAY**  
CITY- ST- ZIP **BOYNTON BEACH FL 33435**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

**J. HOFFMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/97**  
Date

**(561) 733-9321**  
Daytime Phone # 0000018

CR2E034 (9/96)