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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morffiam

Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # P9700005938 (0)

COMPUTER SOLUTIONS GROUP, INC.

**FILED** 

Feb 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					- I IDAIIDEN ITO KUNI IDANI BANIL BANIL BANIL BANIL BANIL BANIL BANAL RIKUT (BRIC RIKUT (BRIL RIKUT (B
5800 BEACH BLVD 5800 BEACH BLVD					
SUITE 203-10	62	SUITE 203-162			
JACKSONVIL	LE FL 32207	JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 01/21/1997
2, Principal F	2a, Mailing Address	ing Address		4. FEI Number Applied For	
21 5629 Commencest		26			59-3430306 86 Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	MEANVILLE FI	City & State	·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24 326		29 30	0		Personal Property Tax due June 30. Yes No
g Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
	ALLER, CALVIN H		81	Name	
58	5800 BEACH BLVD			Street A	odress (P.O. Box Number is Not Acceptable)
SUITE 203-162			62		
JACKSONVILLE FL 32207			63		
	•		84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-pamed 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of legistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE 1.1 TI			☐ Change ☐ Addition
NAME	WALLER, CALVIN H		1.2 NAME		
STREET ADDRESS	1727 RIVERBLUFF ROAD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY - S	T-7IP	
TITLE			2.1 TITLE		Change Addition
NAME	Waller, Tanya D		2.2 NAME		
STREET ADDRESS	1727 RIVERBLUFF ROAD		2.3 STREET	ADDRESS	
CITY-ST-ZIP	IACKSOMMUE EL 22211		2.4 CITY-5		
TITLE			3.1 TITLE		Change Addition
NAME	ALDOCTT BOUND		3.2 NAME	1	
STREET ADDRESS	1727 RIVERBLUFF ROAD		3.3 STREET	ADDRESS	
CITY-ST-ZIP	IACKSCANALLE EL 20011		3.4. CITY- S	ľ	
TITLE		DELETE	4.1 TITLE	-, 211	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP	-		5.4 CITY-S	- 1	
TITLE			6.1 TITLE	- LIF	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	Annesee	
CITY-ST-ZiP					
0111-01-EF		···	6.4 CITY - \$1	- 211	

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 of trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.