

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

FILED

Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000006991 (8)**
1. Corporation Name
INDEPENDENT COMPUTER CONSULTING, INC.



Principal Place of Business 3272 LAUREL DALE DR TAMPA FL 33618	Mailing Address 3272 LAUREL DALE DR TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4704 BAY CREST DRIVE Suite, Apt #, etc. 22 City & State 23 TAMPA, FL Zip 24 33615 Country 25 USA		2a. Mailing Address 26 P.O. BOX 273717 Suite, Apt #, etc. 27 City & State 28 TAMPA, FL Zip 29 33688 Country 30 USA		3. Date Incorporated or Qualified 01/17/1997
		4. FEI Number 59-3458742 Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MOSELEY, MICHAEL C 3272 LAUREL DALE DR TAMPA FL 33618		10. Name and Address of New Registered Agent 81 Name MOSELEY, MICHAEL C 82 Street Address (P.O. Box Number is Not Acceptable) 4704 BAY CREST DR 83 84 City TAMPA, FL 85 Zip Code 33615	
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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 *Michael C. Moseley* **MICHAEL C. MOSELEY** **PRESIDENT/OWNER** **9-28-98**
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	<input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition	
NAME MOSELEY, MICHAEL C		1.2 NAME	
STREET ADDRESS 3272 LAUREL DALE DR		1.3 STREET ADDRESS 4704 BAY CREST DR	
CITY-ST-ZIP TAMPA FL 33618		1.4 CITY-ST-ZIP TAMPA, FL 33615	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Michael C. Moseley* **MICHAEL C. MOSELEY** **9-28-98** **818 244-0889**

CR2E034 (10/97)