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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Change

11/20/08

☐ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007178 (1)

COMPUTER CENTER OF PEMBROKE PINES. INC.

Principal Place of Business Mailing Address 12566 PINES BLVD. 12566 PINES BLVD. PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζıp 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAMBERT, MICHAEL A 12588 PINES BLVD. Not Acceptable) 82 PEMBROKE PINES FL 33027 83 84 Pembroke 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. *Uichael* SIGNATURE ol registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change Addition 1.1 TITLE TITLE 1.2 NAME NAME 16th St. #206 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE Luchael A. Lambell 12566 Pines Blvd 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition 41 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 in all admired with an address.