

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000021044 (7)

1. Corporation Name

COMPUTER CAREERS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

16300 NE 19TH AVE. #260
MIAMI FL 33162

16300 NE 19TH AVE. #260
MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0747009

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 16300 NE 19TH AVE #260

2a. Mailing Address

26 16300 NE 19TH AVE #260

Suite, Apt. #, etc.

22 #253

Suite, Apt. #, etc.

27 #253

City & State

23 MIAMI, FL

City & State

28 MIAMI FL

Zip

24 33162

Country

25 USA

Zip

29 33162

Country

30 USA

9. Name and Address of Current Registered Agent

MCHALE, KARL
16300 NE 19TH AVE. #260
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name MCHALE KARL
82 Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19TH AVE #253
83
84 City MIAMI FL 85 Zip Code 33162

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

TITLE ☐ DELETE

NAME D
MCHALE, KARL
STREET ADDRESS 16300 NE 19TH AVE. #260
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME D
FUNKHOUSER, ALEX J
STREET ADDRESS 16300 NE 19TH AVE. #260
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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

Karl Mchale

Jan 20 1998 3059443294

CR2E034 (10/97)