

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021044

1. Corporation Name

COMPUTER CAREERS INTERNATIONAL, INC.

Principal Place of Business

16300 NE 19TH AVE
SUITE 253
MIAMI FL 33162
US

Mailing Address

16300 NE 19TH AVE
SUITE 253
MIAMI FL 33162
US

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 16300 NE 19th AVE

Suite, Apt. #, etc.

22 SUITE 252

City & State

23 Miami FL

Zip

24 33162

Country

25 USA

2a. Mailing Address

26 16300 NE 19th AVE

Suite, Apt. #, etc.

27 SUITE 252

City & State

28 Miami FL

Zip

29 FL 33162

Country

30 USA

9. Name and Address of Current Registered Agent

MCHALE, KARL
16300 NE 19TH AVE SUITE 253
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, #252

83

MIAMI

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
MCHALE KARL
1.3 STREET ADDRESS
16300 NE 19th AVE, #252
1.4 CITY-ST-ZIP
MIAMI, FL 33162

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
FUNKHOUSER ALEX J
2.3 STREET ADDRESS
16300 NE 19th AVE, #252
2.4 CITY-ST-ZIP
MIAMI, FL 33162

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90018 007 ***150.00



CR2E034 1/1/98