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**PROFIT CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000038326 (9)

KEYSTONE COMPUTER SERVICES, INC.

## FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12463 S.W. 104 LANE 12463 S.W. 104 LANE MIAMI FL 33186-3610 MIAMI FL 33186-3610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0754029 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RASSNER, WAYNE H ESQUIRE 7700 NORTH KENDALL DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 803 83 **MIAMI FL 33156** SUITE 510 84 85 Zip Code 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 lifted applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE **PSTD** 1.1 TITLE Change WILKES, ROBERT W JR NAME 1.2 NAME CR2E034 12463 S.W. 104 LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186-3610 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 C/TY - ST - ZIP DELETE Addition | TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRÉSS 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 Statules. 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.

22 A - 98 (805)224 428A