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

Mailing Address

9107 RODEO DR

2a. Mailing Address

LAKE WORTH FL 33467

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700040794

Principal Place of Business

SIGNATURE:

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9107 RODEO DR LAKE WORTH FL 33467

DR COMPUTER SYSTEMS & SOLUTIONS, INC.

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEi Number	Apr	olied For
21		6		65-0756245	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional	
22		27		5. Certificate of Status Desired	Fee Rec	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution	Added to	Fees
Zip	Country Zip Cou		Country		8. This corporation owes the current year	Intangible	
24	25 29 30]		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
			81	Name]
Lambert, Debra R				82 Street Address (P.O. Box Number is Not Acceptable)			
9107 RODEO DR				Outset victios (1.5. Bax vicinias is vicin			
LAKE WORTH FL 33467						_	
						85 Zip C	
TEN AUGUS S AC ALC A BA		NO MORE TO A PER	84	City	-	-L	
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							
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	r Florida, Such change was authors of, Section 607,0505, Florida	orized by Statutes	me corporau	ion's board of directors. Thereby accept the ap	positinent as reg	,
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agen	t signature require	ed when reinstating) DATE		
12.	**** OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE 1.1 π		V	ICE PRESIDENT	Change	Addition
NAME	LAMBERT, DEBRA R 1.2N		1.2 NAME	1.	RAYMOND LAMBERT 9107 RODEO DRIVE LAKE WORTH, FL 3346		(
STREET ADDRESS	1		1.3 STREET	ADDRESS	9107 RODEO DRIVE		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-S	T-ZIP	LAKE WORTH, FL 3346	<u>, </u>	
TITLE			2.1 TITLE			Change	Addition
NAME	22		2.2 NAME	1			Ì
STREET ADDRESS	REET ADDRESS . 23		2.3 STREET	ADDRESS			ł
CITY-ST-ZIP	I		2.4 CITY-S	IT-ZIP	_ <u> </u>		
TITLE	DELETE 3.1 T		3.1 TITLE			Change	Addition
NAME	327		3.2 NAME	}			}
STREET ADDRESS	CADDRESS 3.3		3.3 STREE	TADORESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	ADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	}			}
STREET ADDRESS			5.3 STREET	T ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			_ {
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		_	6.2 NAME	ĺ			{
			6.3 STREE	TADDRESS			ļ
STREET ADDRESS			6 A CITY S	ļ			

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90013 004 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

05/08/1997

4. FEI Number

Applied For

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.