Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90101 039 ***150.00

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 # P97000070525

1. Corporation Name

COMTECH COMPUTER SOLUTIONS, INC.

Principal Place of Business Malling Address			—	ilt innei dhidi	OTTION TINES BLIT LEGY	
883 GARNET CIRCLE	883 GARNET CIRCLE					
WESTON FL 33326 WESTON FL 33326				DO NOT WRITE IN TH	IC CDACE	
				DO NOT WRITE IN TH	IS SPACE	
				08/14/1997		ľ
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	— ·	26		65-0782093	-	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.7	75 Additional
22	27			5. Certifcate of Status Desired		e Required
City & State	City & State			6. Election Campaign Financing		00 May Be
23	28			Trust Fund Contribution		ded to Fees
Zip Country	Zip _	_ Country	'	8. This corporation owes the current year		ZNo
24 25	[29] [3	0		Personal Property Tax. 10. Name and Address of New Registere	Yes	72/40
9. Name and Address of	Current Registered Agent	81	Name	10. Name and Address of New Registers	Agent	
rozen, jeffery e			<u> </u>			
883 GARNET CIRCLE		82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
WESTON FL 33326		83				
		84	City		85	Zip Code
office or registered agent or both in the	e State of Florida. Such change was auti	honzed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changin	g its registered as registered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	e State of Florida. Such change was auti e obligations of, Section 607.0505, Florid	honzed by la Statutes	the corporation.		of changin	g its registered as registered
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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 any address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

SIGNATULE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition