Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90041 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P9700 0)099253				
	D COMPUTER CONSULTIN	IG CORPORATION			•	
Discours Discours	of Dusiness	Mailing Address				
Principal Place		251 CANTERBURY CIRC	N E			
251 CANTERBURY CIRCLE PALM BEACH GARDENS FL 33418 251 CANTERBURY CIRCLE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418						
The Denote State of East						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/21/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For 65-0804878 Not Applicable
26			<u> </u>			\$8.75 Additional
7						5. Certificate of Status Desired Fee Required
27						d Florition Compaign Financing \$5.00 May Po
23	28					Trust Fund Contribution Added to Fees
Zip	Country Zip Countr			untry		8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax.
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
		_		81	Name	
HARRIS, OLIVER H				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
10 CENTRAL PARKWAY						
SUITE 240				83		
STUART FL				84	City	85 Zip Code
					' '	FL i
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	atutes, the a	abovi	e-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig-	ations of, Section 607.0505,	Florida Sta	tutes	i.	
SIGNATURE						DATE
	Signature, typed or printed name of registered age	ent and title if applicable. (N ND DIRECTORS	IOTE: Registere	_	nt sig∩ature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP OFFICERS A	DELETE		ITLE		Change Addition
NAME			IAME			
STREET ADDRESS	ACA CANTERDURY CIRCLE				TADDRESS	
	DALLA DELCAL CACOTENO EL COMO			ITY-S		
CITY-ST-ZIP TITLE	ST	☐ DELETE		TLE		☐ Change ☐ Addition
NAME			IAME			
STREET ADDRESS	ACA CANTEDDUON CIDOLE		2.3 5	TREE	TADDRESS	,
CITY-ST-ZIP	THE STATE OF THE S		2.4	CITY-S	ST-ZIP	
TITLE	☐ DELETE 3.11			-	☐ Change ☐ Addition	
NAME			3.2 N	IAME	ļ	
STREET ADDRESS			3.3 9	TREE	TADDRESS	
CITY-ST-ZIP			34.	CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.11	ITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 \$	TREE	TADDRESS	
CITY-ST-ZIP				CITY-S	T-ZIP	
TITLE		☐ DELETE		TILE	1	Change Addition
NAME				NAME		•
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP		□ perere		TTLE	si-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		VAME		C Change Notified
NAME	I .		0.21	A AME		

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 attagment with an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP