PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9800036856

CAPITAL COMPUTER SOLUTIONS INC.

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

03-23-1999 90019 027 ***150.00

|--|--|--|--|

									<u> </u>			THE STREET			************
Principal Place	of Business		Mai	ilng Add	iress										
1241 W. THARPE					ARPE ST., S				ļ						
TALLAHASSEE FL 32303		TALLAHASSEE FL 32303				DO NOT WRITE IN THIS SPACE									
									3. Date Incor	porated or Qual					
									04/23/1						
2. Principal Pta	ace of Business		2a	Mailing	Address			_ -	4. FEI Numb					App	ied For
–	ace O1 O0381633		26	, v	i Radi Ooo			•	1	5-6308	-37		\vdash		Applicable
21 Suite: Act.#	tento			Suito. A	pt:#:etc:=								\$8:7		iditionel 50
===:0uiib;:Api::=			27						5. Certifcate	of Status Desire	8 0 📙		•	e Req	
City & State				City & S	State				- 6" Election C	ampaign Financ	inn :		-\$5	00.4	lay Be
23	•		28	,						d Contribution			·	ot bet	•
23 <u>Zip</u>	Count	70		Zip		Cox	untry			oration owes the	current ver	ar Intar	raible		
–	25	-,	29			30	,			Property Tax.			Yes	(DNo 1
24]	9. Name and Addr	ess of Current	بانتا	red Ag	ent	5001	$\overline{}$			d Address of N	ow Registe	red A	gent		
	9. 1481148 6112 14041	oso or ourrent	cogiso				81	Name							
MOR/	AN, JAMES														
	MYRICK RD.						82	Street Add	Iress (P.O. Box Nu	umber is Not Act	ceptable)				
	AHASSEE FL 3230	3					83								
1700		-													<u></u>
							84	City				CI	85	Zip Co	xde
11. Pursuant to office or re- agent. I am	o the provisions of Se gistered agent, or bot n familiar with, and ac	cept the obligation	ons of,	Section (change wa 607.0505,	s authorize Florida Stat	tutes.	the corporati		-					
office or reg agent. I am	gistered agent, or bot n familiar with, and ac	cept the obligation	ons of, S	Section (change wa 607.0505,	s authorize Florida Stat	tutes.	the corporati							
office or reg agent. I am SIGNATURE	Signature, typied or printed ner	ne of registered agent s	und title if	section (change wa 607.0505,	S authorize Florida Stat	tutes.	tie corporati	ad when reinstating)		DAT	ΓE			
office or reg agent. I am SIGNATURE	Signature, typed or printed ner	ne of registered agent of OFFICERS AND	DIREC	Section (607.0505,	Florida Stat	tutes.	tie corporati	ad when reinstating)	S/CHANGES TO	DAT	S AND	DIRE	CTOR	S IN 12
office or reagent. I am SIGNATURE 5	Signature, typed or printed near	ne of registered agent in OFFICERS AND	DIREC	Section (change wa 607.0505,	Florida Stat	tutes.	tie corporati	ad when reinstating)		DAT	S AND		CTOR	
office or reagent. I am SIGNATURE 5	OWNER TAMES W	OFFICERS AND	DIREC	Section (607.0505,	Florida State OTE: Registere 13. 1.1 T	d Agent	it signature require	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
office or reagent. I am SIGNATURE 12.	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (607.0505,	Florida State OTE: Registere 13. 1.1 T	d Agent	tie corporati	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
office or re- agent. I am SIGNATURE S 12. TITLE NAME	OWNER TAMES W	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Change wa 607.0505.	Piorida State OTE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent	d aignature require	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
office or reggent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (607.0505,	TE: Registre 13.	d Agent	d aignature require	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
office or regarder. I am SIGNATURE STILLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Change wa 607.0505.	TE: Registre 07E: Registre 13. 1.1 T 1.2 N 1.9 S 1.4 C 2.1 T	d Agent	d aignature require	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
office or regarder. I am SIGNATURE STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Change wa 607.0505.	Tip	ITLE WAVE STREET	d aignature require	ad when reinstating)		DAT	S AND	DIRE	CTOR	S IN 12
Office or regard. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	policable CTORS	DELETE	TE: Registre 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	MANE TITLE TITLE TAME TITLE TAME TREET CITY-ST	ADDRESS ADDRESS	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN 12 Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	policable CTORS	Change wa 607.0505.	TE: Registre 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	MANE TITLE TITLE TAME TITLE TAME TREET CITY-ST	ADDRESS ADDRESS	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN 12
office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	policable CTORS	DELETE	OTE: Registre 13. 1.1.1 12.N 1.3.9 1.4.0 2.1.1 2.2.N 2.3.5 2.4.0 3.1.1	MANE TITLE TITLE TAME TITLE TAME TREET CITY-ST	ADDRESS ADDRESS	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN 12 Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	policable CTORS	DELETE	OTE: Regulares 13. 1.17 12.N 13.9 1.4.0 2.17 2.2.N 2.3.6 2.4.0 3.17 3.2.N	ITTLE TITLE	ADDRESS ADDRESS	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN 12 Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	sportcable CTORS	DELETE	OTE: Regularies 13. 1.17 12.N 13.9 14.0 2.17 22.N 2.38 2.40 3.17 32.N 33.9 3.4.0	ITTLE TITLE	ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN: 12 Addition Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	sportcable CTORS	DELETE	OTE: Regularies 13. 1.17 12.N 13.9 14.0 2.17 22.N 2.38 2.40 3.17 32.N 33.9 3.4.0	IN THE STREET CITY-ST	ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN 12 Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	sportcable CTORS	DELETE	OTE: Registree 13. 1.1.1 12.N 1.3.9 1.4.0 2.1.1 2.2.N 2.3.6 2.4.0 3.1.1 3.3.9 3.4.4 4.1.1	IN THE STREET CITY-ST	ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN: 12 Addition Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	sportcable CTORS	DELETE	OTE: Regularies 13. 1.17 12.N 13.9 14.0 2.17 22.N 2.36 2.40 3.17 3.39 3.4.0 4.17	INTLE MANE STREET TITLE MANE STREET STREET TITLE MANE	ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN: 12 Addition Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	sportcable CTORS	DELETE	TE: Registre 13. 11.1 12. 13. 14.0 21.1 22. 23.6 2.4(3.17 33.9 3.4.4 4.17 4.21 4.35	INTLE MANE STREET TITLE MANE STREET STREET TITLE MANE	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition
Office or regarder. I am SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Section Control of Contr	DELETE	TE: Registre 13. 11.1 12. 13. 14.0 21.1 22. 23.6 2.4(3.17 33.9 3.4.4 4.17 4.21 4.35	ITTLE HAME TITLE TITLE HAME TITLE TITLE HAME TITLE T	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRE	CTOR nge	S IN: 12 Addition Addition
Office or regarder. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Section Control of Contr	DELETE DELETE	TE: Registers 13. 11.1 12.N 13.8 14.C 21.7 22.N 23.8 34.4 3.11 4.21 4.35 4.4.C 5.17	ITTLE HAME TITLE TITLE HAME TITLE TITLE HAME TITLE T	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition
Office or regarder. I am SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Section Control of Contr	DELETE DELETE	Tier Regularism 13. 13. 11.1 12.N 13. 14.C 21.T 22.N 23.S 24.C 3.1 33.9 34.C 4.1 4.2 4.5 5.2 5.2 8.3 4.4 5.1 5.2 8.3 4.4 5.1 5.2 8.3 4.4 5.1 5.2 8.3 6.3	TITLE WAVE STREET STREET CITY-S TITLE WAVE STREET CITY-S TITLE WAVE WAVE STREET CITY-S TITLE WAVE	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition
Office or regard. I am signature street address city-st-zip title name street address street	OWNER JAMES W.	ne of registered agent OFFICERS AND CPRSICE MORAN ICK Rd	DIREC	Section (Section Control of Contr	DELETE DELETE	Tier Regularies 13. 11.17 12.N 13.8 14.0 2.17 22.N 2.36 3.11 3.39 3.4.4 4.17 4.21 4.35 4.4.0 5.17 5.2.N 5.38	TITLE WAVE STREET STREET CITY-S TITLE WAVE STREET CITY-S TITLE WAVE WAVE STREET CITY-S TITLE WAVE	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition Addition
Office or re- agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JAMES W 1611 MyR TallAhasss	or registered agent OFFICERS AND (PLO) OC MORAN ick Rd	DIREC	policable TORS	DELETE DELETE	Tier Regularies 13. 11.17 12.N 13.9 14.0 2.17 22.N 2.3.6 3.1.9 3.3.9 4.17 4.27 4.3.5 5.4.0 5.17 5.2.N 5.3.8 5.4.0	A Acentral Market Marke	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition
Office or re- agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed new OWNER JAMES W 1611 MyR TallAhasses	or registered agent OFFICERS AND (PLO) OC MORAN ick Rd	DIREC	policable TORS	OELETE DELETE DELETE	Tier Regularies 13. 11.1 12.N 13.8 14.0 2.1 13.0 2.1 14.0 2.1 2.2 2.1 3.3 3.4 4.1 4.2 4.3 5.1 5.2 6.1 6.1	A Acentral Market Marke	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition Addition
Office or regarder. I am signat. I am signature street address city-st-zip title name street address city-st-zip title street address city-street	OWNER JAMES W 1611 MyR TallAhasss	or registered agent OFFICERS AND (PLO) OC MORAN ick Rd	DIREC	policable TORS	OELETE DELETE DELETE	Tier Regularies 13.	THE STREET CITY STITLE NAME STREET THE STREET CITY STITLE NAME	ADDRESS T. ZP ADDRESS T. ZP ADDRESS T. ZP	ad when reinstating)		DAT	S AND	DIRECTOR Chair	CTOR nge	S IN: 12 Addition Addition Addition Addition

. I hereby certify that the information supplied with this filling 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

850-297-1226