


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90047 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000041071**

1. Corporation Name

**COMPLETE COMPUTER SOLUTIONS, INC.**

Principal Place of Business

897 BERKLEY CT  
PALM HARBOR FL 34684

Mailing Address

897 BERKLEY CT  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

59-3509481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4730 Mile Stretch Dr

27 4730 Mile Stretch Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 "A"

27 "A"

23 Holiday FL

28 Holiday FL

City &amp; State

City &amp; State

Zip

Zip

Country

Country

24 34690

25

29 34690

30

9. Name and Address of Current Registered Agent

HINES, BETH A  
897 BERKLEY CT  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

 81 Name  
 Beth A. Hines  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 4730 Mile Stretch Drive  
 83  
 84 City Holiday FL 85 Zip Code 34690

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HINES, BARRY A	
STREET ADDRESS	897 BERKLEY CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINES, BETH A	
STREET ADDRESS	897 BERKLEY CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barry A. Hines	
1.3 STREET ADDRESS	4730 Mile Stretch Dr.	
1.4 CITY-ST-ZIP	Holiday FL 34690	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beth A. Hines	
2.3 STREET ADDRESS	4730 Mile Stretch Dr.	
2.4 CITY-ST-ZIP	Holiday FL 34690	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wayne R. Brieger	
3.3 STREET ADDRESS	4730 Mile Stretch Dr.	
3.4 CITY-ST-ZIP	Holiday FL 34690	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

727-944-2223

Date

Daytime Phone #

CR2E034 (11/98)