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 # P98000050264

KREIDER COMPUTER SERVICES, INC.

Principal Place of Business								
811 CAMELLIA AVE. ALTAMONTE SPRINGS FL 32714								
ALTAMONTE SPRINGS FL 32714								

Mailing Address

811 CAMELLIA AVE.

ALTAMONTE SPRINGS FL 32714

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90025 033 ***150.00



	•				DO NOT WRITE IN THIS SPACE				
					3. Date Incorpo 06/03/199	rated or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Apr	lied For
21 /224	Lasille Street	26 624 Will	lis Stre	e-t~ -	5-9-3	522.574-		Not	Applicable ·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-		\$8.75 A	
22		27 Aclando	-		5. Certifcate of	Status Desired		Fee Red	
City & State	e	City & State	<u> </u>		6. Election Cam	paign Financing		\$5.00	May Be
23 Or (c	8 1/	28 Orlando	, FC	1	Trust Fund C			Added to	
Zip Zo E	Country	Zip	Country			ion owes the currer	nt vear Inta	naible	
₂₄ 325	07 25 USA	29 32805 30	- · · -		Personal Pro		y o a		No
241 0~1	9. Name and Address of Current	11	03(1			ddress of New Re	gistered /		
	1. 110110 01.001		81 Name	1	- /	,	<u> </u>		
KREI	IDER, SYLVIA				eider,	Loren			_
811	Camellia ave.		82 Street	Address	(P.O. Box Numb	er is Not Acceptab	le)		
ALTA	AMONTE SPRINGS FL 32714		83	62	7 W 11.	11 3/14.2			
	= .		03			i.			
				Orlan			FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporat	ion submits this	statement for the p	urpose of	changing its r	egistered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzed by the com	oration's	board of directo	rs. I nereby accept	тпе арроп	itineni as reg	istered
-	Similar way, and decept the obligate	1 0 - K	der			4	27- DATE	99	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature	required whe	n reinstating)		DATE		
12.	OFFICERS AND		13.			HANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	PD	⊠ DELETE	1,1 TITLE	PD	-			Change	Addition
NAME	KREIDER, SYLVIA	^	1.2 NAME	KRE	IDER .	LOREN			-
STREET ADDRESS	811 CAMELLIA AVE.		1.3 STREET ADDRESS	1 -		Street			
	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	100	LANDA	FL 3280	15		
CITY-ST-ZIP TITLE	TELLINGIALE OF THITOO IE OET IT	□ DELET E	2.1 TITLE		- 4000	10 341	-	() Change	Addition
			2.2 NAME						_ ` ` `
NAME		_	2.3 STREET ADDRESS		:		-	-	
-STREET ADDRESS	· <u></u>			1	•				
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	 -				Change	Addition
TITLE			3.1 TITLE					onange	
NAME			3.2 NAME	1					
STREET ADDRESS		•	3.3 STREET ADDRESS	1			-		
City-St-ZIP	- ~-		3.4. CITY-ST-ZIP	ļ					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP		,			•	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE 4		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME 3.			6.2 NAME						
•			6.3 STREET ADDRESS	1					
STREET ADDRESS	*** ** *		6.4 CITY-ST-ZIP						
CITY-ST-ZIP			2.3 Dill 01 20						

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: