

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90103 035 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000051553**

1. Corporation Name  
**COMSERV GROUP, INC.**



Principal Place of Business  
 1730 S. FEDERAL HWY.  
 SUITE 340  
 DELRAY BEACH FL 33483

Mailing Address  
 1730 S. FEDERAL HWY.  
 SUITE 340  
 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **110 E. ATLANTIC AVE**  
 Suite, Apt. #, etc.  
 22 **STE 320**  
 City & State  
 23 **DELRAY BEACH FL**  
 Zip Country  
 24 **33444** 25 **PALM BEACH**

2a. Mailing Address  
 26 **110 E. ATLANTIC AVE**  
 Suite, Apt. #, etc.  
 27 **STE 320**  
 City & State  
 28 **DELRAY BEACH FL**  
 Zip Country  
 29 **33444** 30 **PALM BEACH**

3. Date Incorporated or Qualified  
**06/09/1998**

4. FEI Number  
**65-0841439** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent  
**BHIKHA, P. ROGER**  
**19491 BLACK OLIVE LANE**  
**BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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]* **M. ALI ANSARI CFO** DATE **1/5/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BHIKHA, P. ROGER</b>
STREET ADDRESS	<b>19491 BLACK OLIVE LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SREENIVASULU REDDY</b>
2.3 STREET ADDRESS	<b>18640 OCEAN MIST DR.</b>
2.4 CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>
3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>M. ALI ANSARI</b>
3.3 STREET ADDRESS	<b>2901 CLINT MOORE RD #403</b>
3.4 CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>
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]* **M. ALI ANSARI CFO/DIRECTOR** DATE **1/5/99** DAYTIME PHONE # **561-265-0510 x206**

CR2E034 (11/98)