Mar 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000094149

STREET ADORESS

CITY-ST-ZIP

| Corporation | n Name | | | | | | |
|---|---|---------|------------------------------|-----------------------|------------------|---|---|
| FORTIS (| COMPUTERS, INC. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Principal Place | of Business | N | Mailing Address | | | | |
| 13575 58TH STREET NORTH 13575 58TH STREET NORTH | | | | | | | |
| CLEARWATER FL 33760-3721 CLEARWATER FL 33760-3721 | | | | | | | 22.112.112.112.112.112.112.112.112.112. |
| 1 | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualifed 11/06/1998 |
| - Di - Di | I Duck Duck Duck Duck Duck Duck Duck Duck | <u></u> | - Admilian Adduses | | | | 1 1/00/ 1990 4. FEI Number Applied For |
| <u> </u> | ace of Business | - | a. Mailing Address | | | | 59-3550409 Not Applicable |
| Suite, Apt. | # etc | 26 | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 27 | | | • · | (a) , tpt (b) 210. | | | 5. Certificate of Status Desired Fee Required |
| City & State | 9 | - 2' | City & State | | | | 6. Election Campaign Financing S5.00 May Be |
| 23 | | 28 | ¬ ' | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | 1 | Zip | Count | ry | | 8. This corporation owes the current year Intangible |
| 24 29 | | | 3 | 30 | | | Personal Property Tax. |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent |
| 81 Name | | | | | | L | unne Atwood |
| AMERILAWYER | | | | | 2 Street | | est (P.O. Box Number is Not Acceptable) |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | | 8 | |
| COR | | 8 | 3 | • | | | |
| | | | | 8 | 4 City | | 85 Zip Code |
| | | | | | | TIPOTUISDUMA FLI 337021 | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporatio office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's be | | | | | | oration submits this statement for the purpose of changing its registered | |
| agent. I a | n familiar with, and accept the obligati | iens c | of, Section 607.0505, Florid | a Ștatute | es. | 1 | 16 - 1-1-0 |
| SIGNATURE | King no Mill | /// | UNYN VP | 1.Se | C. | LYI | nne Atwood 3/5/99 |
| ····· | Signature typed or printed name of registered agent | | | | gent signature r | equired 1 | d when reinstating) DATE |
| 12. | PSID OFFICERS AND | DIF | DELETE | 13. | | D.,, | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TESI JUNE 17 TRANSWER / DIRECTOR SCHANGE Addition |
| TILE | MASON, CHRISTOPHER M | | C DETELS | | | 110 | estables M Masan |
| NAME | 13575 58TH STREET NORTH | | | 1.2 NAM | | 12 | hristopher M. Mason 3575-58th St. N |
| STREET ADDRESS | OF EADMINITED EL COZOG GZOL | | | | ET ADDRESS | آم | learwater, PL 33760-3721 |
| CITY-ST-ZIP | CLEANWAIGH FL 33/00-3/21 | | ☐ DELETE | 1.4 CITY 2.1 TITLE | | | Ce President / Secretary Change Addition |
| TITLE | | | | 2.1 III. | | | inne Atwood |
| NAME | • | | | | EET ADDRESS | 13 | 575-58th St. N |
| STREET ADDRESS | | | | - | -ST-ZIP | | learwater, FL 33760-3721 |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | ivector Change Addition |
| NAME | | | | 3.2 NAM | | | hristopher Panfil |
| STREET ADDRESS | | | | | EET ADDRESS | ४(| GLO Erie Rd. |
| CITY-ST-ZIP | | | | | -ST-ZIP | | Evans, NY 14006 |
| TITLE | · · · · · · · · · · · · · · · · · · · | | ☐ DELETE | 4.1 1111 | | | ☐ Change ☐ Addition |
| NAME | · | | | 4. 2 NAM | | | |
| STREET ADDRESS | _ | | | | ET ADDRESS | | |
| CITY-ST-ZIP | · | | | 4,4 CITY | | | , |
| TITLE | | | ☐ DELETE | 5.1 TITL | | | . Change Addition |
| NAME | | | | 5.2 NAM | E | | |
| STREET ADDRESS | | | | 5.3 STR | EET AODRESS | | |
| CITY-ST-ZIP | | | | 5.4 CITY | -ST-ZIP | | · |
| TITLE | - | | ☐ DELETE | 6.1 TITLI | <u> </u> | | ☐ Change ☐ Addition |
| NAME | | | | 6.2 NAM | E | Ì | |

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 Granged, or on an attachment with amaddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP