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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90177 007 ***150.00

1999 DOCUMENT # S04100

COMPUTER SYSTEMS & SOLUTIONS, INC.

Principal Place	e of Business	Mailing Addre	ss					18911 18 91 1 1311 1	1816 81811 918	
535 WHIPPOORWILL LANE		535 WHIPPOORWILL LANE								
OVIEDO FL 32765 US		OVIEDO FL 32765 US				DO NOT WRITE IN THIS SPACE				
00		•				3. Date In	corporated or Qualifed	<u> </u>		
						09/17	/1990			
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4. FEI Nu	nber			Applied For
21		26				NOT	<u>APPLICABLE</u>			Not Applicable
Suite, Art.	#, etc.	Suite, Apt.	#, etc.			5 Certifos	te of Status Desired			Ac ditional
22		27				J. Contace			Fee	Required
City & State	e	City & Star	te			l.	Campaign Financing	' -		Nay Be
23		28		0		· 	und Contribution			d to Fees
Zip	Coun ry	Zip	r	Country			rporation owes the cu	rrent year In	angible Yes	[]No
24	9. Name and Address of Curr	29	30	<u>'</u>			al Property Tax.	Registere 1		
	9. Name and Address of Curr	ent Registered Agen		81	Name		1 3-11	, , , ,	•	
SEIB	BER, NETA L				<i>⊃t</i>	EWELL	<u> </u>	m c	·	
	OVERSEAS HWY			82	Street Ad	Idress (P.O. Box	Number is Not Accep	table) LANE:		
MAR	ATHON FL 33050			83		S WILL	TERN SO III	MIOL		
									<u> </u>	
				84	City Ou	redo		FL	85 Zi	p Code
11 Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Flo	orida Statures.	the above	-named co	rporation submit	s this statement for the	e nuronse if	changing	its registered
office or re	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such chi	ange was auth	ionzed by t	ne corpora	tion's board of c	irectors. I hereby acce	ept the appoi	ntment as	reg stered
	im familiar with and accept the doll	Igan sris or Sagion oo	7.0000, 1 10/102	a Olalules.				4/21	99	
SIGNATURE	Signature, typed or printed na ne of registered	soent and title if applicable.	(NOT:: Re	nistered Agent	signature regu	ired when reinstating)		DATE	//	I
				giatorourige	algulature requ	irea when remistating,				
12.	OFFICERS	ANI) DIRECTORS		13.	algriature requ		NS/CHANGES TO O	FFICERS A		
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		ANI) DIRECTORS	DELETE	13.	asy alure requ)NS/CHANGES TO O	FFICERS , AI		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DEFICIER OR DIRECTOR

407366.5800