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

P**RO**FIT CORP**O**RATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05862

(5)

HOPKINS COMPUTER SERVICES, INC.

FILED
May 07 1998 8:00am
Secretary of State



| Principal Place of Business Mailing Address   |   |                           |                              |              | 14 mildin in mann 2 mil min ann ann ann ann ann ann ann ann ann a  |
|---|---|---------------------------|------------------------------|--------------|--|
| 3950 NW 35 TERR 3950 NW 35 TERR   |   |                           |                              |              |  |
| LAUDERDALE LAKES FL 33309   |   | LAUDERDALE LAKES FL 33309 |                              |              | DO NOT WRITE IN THIS SPACE   |
|   |   |                           |                              |              | 3. Date Incorporated or Qualified                                  |
|   |   |                           |                              |              | 10/15/1990   |
| 9 Orlnoinet P   | ace of Business                                     | 2a. Mailing Address       |                              |              | 4. FEI Number Applied For  |
|   | INCO DE DESRIOSS                                    |                           |                              |              | 65-0222210 Applicable  |
| Suite, Apt.   | # etc   | Suite, Apt. #, etc.       |                              |              | ¢0.75  |
| 22  | n, 900.   | 27                        |                              |              | 5. Certificate of Status Desired Fee Required                      |
| City & State  | <del></del>   | City & State              |                              |              | 6. Election Campaign Financing \$5.00 May Be                       |
| 23  |   | 28                        |                              |              | Trust Fund Contribution Added to Fees                              |
| Zip   | Country   | 7ip                       | Count                        | ry           | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25  |                           | 30                           | •            | Personal Property Tax due June 30. Yes \( \square\) No \( \rho\)   |
|   | 9. Name and Address of Current                      |                           |                              |              | 10. Name and Address of New Registered Agent                       |
| HO  | PKINS, ROBERT A., SR.                               |                           | 8                            | 1 Name       | me   |
|   | 50 N.W. 35TH TERRACE                                |                           |                              | 2 Street     | not Address (D.O. Ray Mumber is Not Assentable)                    |
| LAUDERDALE LAKES FL 33309   |   |                           | ľ                            | Z Street     | eet Address (P.O. Box Number is Not Acceptable)                    |
|   |   |                           | 8                            | 3            |  |
|   |   |                           | 8                            | 4 City       | <b>7 85</b> Zip Code   |
|   |   |                           | ]_                           |              | <u> </u>   |
| 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 ager |                           |                              | gent signatu | alure required when reinstating) DATE                              |
| 12.   | OFFICERS AND  | DELETE DELETE             | 13.                          |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition |
| TITLE   | HOPKINS, ROBERT A., SR.                             | ☐ pereit                  | 1.1 1111.6                   |              | ☐ Charge ☐ Machion   |
| NAME  | 3950 NW 35 TERR                                     |                           | 1.2 NAM                      |              |  |
| STREET ADDRESS  | LAUDERDALE LAKES FL                                 |                           |                              | ET ADDRESS   | SS   |
| CITY-ST-ZiP   | D   | DELETE                    | 1.4 City-St-ZiP<br>2.1 Title |              | ☐ Change ☐ Addition  |
| TITLE   | HOPKINS, ANITA P.                                   | □ Detere                  |                              |              | Charge (1 Addition   |
| NAME  |   |                           | 2.2 NAM                      |              |  |
| STREET ADDRESS  | 3950 NW 35 TERR<br>Lauderdale Lakes Fl              |                           |                              | ET ADDRESS   | SS   |
| CITY-ST-ZIP   | LAUDEHDALE DANES FL                                 | Deceme                    |                              | -ST-ZIP      | Change Addition  |
| TITLE   |   | L_) DELETE                | 3.1 TITLE                    |              | Change Addition  |
| NAME  |   |                           | 3.2 NAM                      |              |  |
| STREET ADDRESS  |   |                           |                              | et address   | SS   |
| CITY-ST-ZIP   |   | Del ree                   | -                            | - ST- ZIP    | Character Classica   |
| TITLE   |   | ☐ DELETE                  | 4.1 TITLE                    |              | ☐ Change ☐ Addition  |
| NAME  |   |                           | 4. 2 NAN                     |              |  |
| STREET ADDRESS  |   |                           |                              | et address   | SS   |
| CITY-ST-ZIP   |   | I prietr                  | 4.4 CHTY                     |              | T Channel T 4 adition  |
| TITLE   |   | □ DELETE                  | 5.1 TITLE                    |              | Change Addition  |
| NAME  |   |                           | 5.2 NAM                      |              |  |
| STREET ADDRESS  |   |                           | 1                            | et address   | 28   |
| CITY-ST-ZIP   |   | I bereze                  | 5.4 CITY                     |              |  |
| TITLE   |   | ☐ DELETE                  | 6.1 TITLE                    |              | ☐ Change ☐ Addition  |
| NAME  |   |                           | 6.2 NAM                      | E            |  |
| STREET ADDRESS  |   |                           | 6.3 STRE                     | et address   | SS   |
| CITY-ST-ZIP   |   |                           | 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.

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boke gov.

954.739-3099