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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S06860

(8)

DOCUMENT #

1. Corporation Name SPECIALIZED COMPUTER SERVICES, INC.



	Business	Mailing Address								
510 SAN SEB	ASTIAN PRADO		ASTIAN PRADO							
ALTAMONTE SPRINGS FL 32714		ALTAMONTE	ALTAMONTE SPRINGS FL 32714			3. Date Incorporated or Qualified 10/04/1990	3a. D	3a. Date of Last Report 04/18/1995		
		I Do Mallion Address				4. FEI Number			Applied For	
. Principa! Place	e of Business	2a. Mailing Addre	:55			59-3033861			Not Applicable	
L		Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Additional	
- Suite, Apt. #, € I	etC.	27				S. Germone of Strices factorise			Required	
City & State		Oity & State				6. Election Campaign Financing			00 May Be	
		28				Trust Fund Contribution  8. This corporation has liability for			ed to Fees	
Ζφ	Country	Zιρ	—- n	Country		8. This corporation has ilability for Florida Statutes Yes	intangibi No	e tax under	3 100.000.,	
	25	29	30	T		10. Name and Address of New I	Register	ed Agent		
	9. Name and Address of Curr	ent Registered Agent		81	Name					
					Ct and Add	lress (P.O. Box Number is Not Accepta	ble)			
SMITH,	SCOTT C.		82 Street Ad		Sheer ado	iless (i.e. Elox Halinoon is view				
510 SAN	N SEBASTIAN PRADO ONTE SPRINGS FL 32714			83						
ALIAMU	MIE SPHIIOS FE SEI IT			84	City			85	Zip Code	
				1	l '					
<ol> <li>Pursuant to or registered</li> </ol>	the provisions of Sections 607.03 dagent, or both, in the State of File , and accept the obligations of, Se	lorida Such change was Action 607 0505, Florida	authorized by Statutes.	the corp	oration's boa	oration submits this statement for the plant of directors. I hereby accept the ap	pointmen	it as register	ed ageni. i am	
					eurome tour	The Property of the State of th	DA	TE		
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roo nereby certify that the information supplied what this ning is voluntarily furnished and does not specify 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 certify that I am an officer or director of the corporation or the pooley 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

SIGNATURE:

HOLLIE DE STATE OFFICER OF DIRECTOR

4/29/96 407-174-4428