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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S31998

BUSINESS COMPUTER CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address								
4433 CAICOS CT 4433 CAICOS CT										
SARASOTA FL 34233 SARASOTA FL 34233							DO NOT WRIT	E IN THIS :	SPACE	
							3. Date Incorporated or Qualifed			
							02/15/1991			
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Apr	lied For
21	lace of Business	26					65-0238321		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75 A	dditional
22	· · ·	27			ــــــــــــــــــــــــــــــــــــــ	<u> </u>	5. Certificate of Status Desired	. 🗆	Fee Rec	quired
City & State	le	City & State					6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip		Country	,		8. This corporation owes the curr	ent year Inta		
24	25	29	30	L			Personal Property Tax.)		□No
	9. Name and Address of Curr	ent Registered Agent		81	N/a		10. Name and Address of New F	egistered A	agent	
BOE	DGER, DALE A.			"	''					
	3 CAICOS CT			82	St	reet Addre	ess (P.O. Box Number is Not Accepta	ıble)		Į
	ASOTA FL 34233			83	├					
JAIL	A001A 1E 01200			05						
}				84	Ci	ty		FL	85 Zip C	ode
44 Dumuent	to the provisions of Sections 607.0	502 and 607 1508 Florida S	tatutes f	the shove	e-na	med como	pration submits this statement for the	purpose of	changing its	registered
l office or r	registered agent, or both, in the Sta	te of Florida. Such change w	as autho	nzea ov	'une	corporatio	n's board of directors. I hereby accep	t the appoir	ntment as reg	jistered
) agent. I a	am familiar with, and accept the obl	gations of, Section burluous	, Flonda							
}	S A M Deadles				s. D.	anda.	. 1	2/5/	74	ł
SIGNATURE	Signature, typed or printed name of registered a	- Dale A. Roo	dee	7	Pr	esides ature required	when reinstating)	2/5/4	79	
}		agent and title if applicable. AND DIRECTORS	O G C	7	Pr	eside/ ature required	when reinstating) ADDITIONS/CHANGES TO OF	Z/5/4 DATE FICERS AN		
SIGNATURE		agent and title if applicable.	O G C	istered Agen	Pr	eside		Z/5/4 DATE FICERS AN	D DIRECTO	RS IN 12
SIGNATURE	OFFICERS	agent and title if applicable. AND DIRECTORS	O G C	istered Agen	Pr	eside		Z/5/A		
SIGNATURE 12.	D ROEDGER, DALE A.	agent and title if applicable. AND DIRECTORS	O G C	istered Agen 13. 1.1 TITLE	Print sign	_		Z/5/4 DATE FICERS AN		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

