

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S33881**
1. Corporation Name
COMPUTER SOLUTIONS CENTER, INC.

Principal Place of Business	Mailing Address
3099 ALTA WAY LAKE WORTH FL 33467	5300 ALTA WAY LAKE WORTH FL 33467-5501

3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business		2a. Mailing Address	
21	1597 SW Egret Way Suite, Apt. #, etc.	26	1597 SW Egret Way Suite, Apt. #, etc.
22	City & State Palm City, FL	27	City & State Palm City, FL
23	Zip 34990	28	Zip 34990
24	Country USA	29	Country USA
25		30	

4. FBI Number	Applied For
65-0249275	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
WACKER, ROBERT A.	81 Name
5300 ALTA WAY 1262 SW Seahawk Way	82 Street Address
LAKE WORTH FL 33467 Palm City, FL 34990	83
	84 City

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

FL 85 Zip Code _____

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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD WACKER, JERRY E	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6300 ALTA WAY	Address chg 1597 SW Egret Way Palm City, FL 34990	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL		1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE	STD		<input type="checkbox"/> DELETE	2.1 TITLE
NAME	WACKER, PATRICIA		2.2 NAME	
STREET ADDRESS	5300 ALTA WAY		2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL		2.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOILMAN, KAREN		3.2 NAME	
STREET ADDRESS	5300 ALTA WAY		3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKER, LINDA		4.2 NAME	
STREET ADDRESS	5300 ALTA WAY		4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL		4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Jerry Wacker 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerry Wacker 4/7/97 220-1018
Date _____ Daytime Phone # _____

CR2E034 (9/96)