FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V09702** (4)

1. Corporation Name

COMPUTER INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1211 N WESTSHORE BLVD SUITE 100 TAMPA FL 33607 US	1211 N WESTSHORE BLVD STE 100 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 06/12/1995

2. Principal Place of Business 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-3101465 ☐ Applied For ☐ 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**

MICHAEL R. MITCHELL
4502 WYNKOOP CIRCLE
SUITE 104
PORT CHARLOTTE FL 33948

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CT ☐ DELETE
NAME	MITCHELL, MICHAEL R.
STREET ADDRESS	3725 W GRACE ST, #305
CITY-ST-ZIP	TAMPA FL
TITLE	VPS ☐ DELETE
NAME	MITCHELL, HELEN M.
STREET ADDRESS	3725 W GRACE ST, #305
CITY-ST-ZIP	TAMPA FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CT ☒ Change ☐ Addition
1.2 NAME	Mitchell, Michael R.
1.3 STREET ADDRESS	1211 N. West shore Blvd, Suite 100
1.4 CITY-ST-ZIP	Tampa, FL 33607-4601
2.1 TITLE	V ☒ Change ☐ Addition
2.2 NAME	Mitchell, Helen M
2.3 STREET ADDRESS	1211 N. Westshore Blvd, Suite 100
2.4 CITY-ST-ZIP	Tampa, FL 33607-4601
3.1 TITLE	PS ☐ Change ☒ Addition
3.2 NAME	Mitchell, Linda M
3.3 STREET ADDRESS	1211 N. Westshore Blvd, Suite 100
3.4 CITY-ST-ZIP	Tampa, FL 33607-4601
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael R. Mitchell — March 5, 1996 — 813-281-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael R. Mitchell

CR2E034 (12/95)