

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90003 039 ***300.00

DOCUMENT # V09702

1. Corporation Name
COMPUTER INTERNATIONAL CONSULTANTS, INC.



Principal Place of Business
1111 N WESTSHORE BLVD
SUITE 200-B
TAMPA FL 33607-4705
US

Mailing Address
1111 N WESTSHORE BLVD
SUITE 200-B
TAMPA FL 33607-4705
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME MITCHELL, MICHAEL R.
STREET ADDRESS 1211 NORTH WESTSHORE BLVD, SUITE 100
CITY-ST-ZIP TAMPA FL 33607-4601

TITLE V
NAME MITCHELL, HELEN M.
STREET ADDRESS 1211 NORTH WESTSHORE BLVD, SUITE 100
CITY-ST-ZIP TAMPA FL 33607-4601

TITLE PS
NAME MITCHELL, LINDA
STREET ADDRESS 1211 NORTH WESTSHORE BLVD, SUITE 100
CITY-ST-ZIP TAMPA FL 33607-4601

TITLE V
NAME Donna M. Confer
STREET ADDRESS 1111 N. Westshore Blvd #200B
CITY-ST-ZIP Tampa FL 33607-4705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1111 N. Westshore Blvd #200B
1.4 CITY-ST-ZIP Tampa FL 33607-4705

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1111 N. Westshore Blvd #200B
2.4 CITY-ST-ZIP Tampa FL 33607-4705

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1111 N. Westshore Blvd #200B
3.4 CITY-ST-ZIP Tampa FL 33607-4705

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)