SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

CITY-ST-ZIP

[#] V15703

(4)

COMPU	TER SER	VICE & SUPPOF	T OF PALM	BEACH INC				
	•							
Principal Place of Business Mailing Address							{	
745 U.S. HWY	1			745 U.S. HWY 1				
N PALM BEAC	LI EI \$2400			SUITE 203 N PALM BEACH FL 33408			DO NOT WRITE IN THIS SPACE	
W FROM DENO	11 FL 99700		H FALM (penon re soud			3. Date Incorporated or Qualified	
							02/20/1992	
2. Principal Place of Business			2a. Mailir	2a. Mailing Address			4. FEI Number Applied	For
21			26				65-0317314 Not App	
Sulte, Apt.	#, etc.		27 Sune	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required	
City & Stat	le		City &	City & State			6. Election Campaign Financing \$5.00 May I	Be
23	·		28				Trust Fund Contribution Added to Fee	
	Zip Country		Zip	- }		/	8. This corporation owes or has paid the current year Intangible	8
25 9. Name and Address of Curren				29 30 Benjetered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
- CMU			Telli Registered	Agent	81	Name	to. Name and Address of New Registered Agent	
SMITH, MARSHALL 745 U.S. HWY 1					82	Stroot Addr	occ (D.O. Boy Number is Not Acceptable)	
	E 203	•		8		Street Addre	ess (P.O. Box Number is Not Acceptable)	
N PALM BEACH FL 33408					83			
					84	City	85 Zip Code	
45						L	FL 3 2 P 2000	
office or	registered a	gent, or both, in the St	late of Florida. Su	ch change was a	authorized by	the corporation	ration submits this statement for the purpose of changing its registers on's board of directors. I hereby accept the appointment as registers	ed ed
	am fa mil iar v	vith, and accept the ob	oligations of, section	on 607.0505, Fk	orida Statutes	S.		
SIGNATURE Signalure, typed or printed name of registered agent and little if applicable (NOTI					OTF: Registered A	Agent signalure requ	ired when reinstating) DATE	_
12.	OFFICERS AND DIR				DIE .tog.oco.ou.	deur adunture redu	ired when remeating)	
	-	OFFICERS	AND DIRECTOR		13.	igent agricule requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
TITLE	P		AND DIRECTOR		13. 1.1 TITLE	Agent and manus 1 edge	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12 Addition
TITLE NAME	SMITH, M	MARSHALL	AND DIRECTOR	s	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS	SMITH, M 18278 LA	IARSHALL IKE BEND DRIVE	AND DIRECTOR	s	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, N 18276 LA JUPITER	IARSHALL IKE BEND DRIVE	AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SMITH, M 18276 LA JUPITER S REEKERS	IARSHALL IKE BEND DRIVE	AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	FADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SMITH, M 18276 LA JUPITER S REEKERS	MARSHALL IKE BEND DRIVE FL S, PAMELA IKEBEND DRIVE	AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	I ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, N 18276 LA JUPITER S REEKERS 18276 LA	MARSHALL IKE BEND DRIVE FL S, PAMELA IKEBEND DRIVE	AND DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	I ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	Addition
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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 or that gged, or on an attachment with an apprecia-

FILED

Jul 09 1998 8:00am

Secretary of State