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 Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90098 003 ***158.75

1. 00.00.00	JMENT # V16832 COMPUTER SYSTEMS, INC.			# 18811 Bitsas (1810 1810) (1810) (1810) (1810) (1810) (1810) (1810)	
1.		Mailing Address		C SOMES MESTADO CITACO MESTA FRANCISCO DE CONTROL CONTROL DE CONTR	
20423 STATE SUITE 6174	RD. 7	20423 STATE ROAD 7			
BOCA RATON FL 33498		6174 BOCA RATON FL 33498			
US		US		DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualifed	
				02/25/1992	
2. Principal	Place of Business	2a. Mailing Address		4 CCI North and	ed For
21		26		CE 0040040	pplicable
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.		\$9.75	
City & State		27		5. Certificate of Status Desired Fee Requ	
23		City & State		6. Election Campaign.Financing \$5.00 Ma	y Be -
Zip Country		Zip Country		Added to F	ees
24	25	⊢ '	30	This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	30,	Personal Property Tax. 10. Name and Address of New Registered Agent	No
CHI	JMAN, JOHN		81 Name	The state of the s	
	23 STATE ROAD 7 STE 6174		82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 6174			Siret /	Address (F.O. box Number is not Acceptable)	
BOCA RATON FL 33498			83		
	31 131 311 1 E 33 130		84 City	lor 7- O.J	
11 Pursuant	to the provisions of Sections 207 0500	1007 4500 5		FL 85 Zip Cod	
SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent a	, ======	uthorized by the corporida Statutes. Registered Agent signature re	corporation submits this statement for the purpose of changing its regoration's board of directors. I hereby accept the appointment as register accept the appointment as register acquired when reinstating)	ered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	<u> </u>	Addition
NAME STREET ASSESSO	SHUMAN, JOHN		1.2 NAME		ľ
STREET ADDRESS	20423 STATE RD. 7 STE 6174 BOCA RATON FL		1.3 STREET ADDRESS		[
CITY-ST-ZIP TITLE	BOCA RATON FL		1.4 CITY-ST-ZIP		}
NAME		☐ DELETE	2.1 TITLE	☐ Change ☐	Addition
STREET ADDRESS			2.2 NAME		İ
CITY-ST-ZIP			2.3 STREET ADDRESS		1
TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		
NAME			3.2 NAME	☐ Change] Addition] .
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP	<u>.</u>		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4.2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	
TITLE NAME		☐ DELETE	5.1 TITLE	☐ Change] Addition
STREET ADDRESS			5.2 NAME	4	
CITY-ST-ZIP			5.3 STREET ADDRESS		}
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		
NAME		C) DELETE	6.2 NAME	Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby co	-1:6 . 4b -4 .4b - 1-5		0.4 OH 1-01-ZIF		- 1

4. 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 efficiency of the corporation of the receiver or trustey empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or of an attachment with an address, with all other like empowered.

SIGNATURE:

MAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/92 561~48-9613

CR2E034 (11/98)