Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90005 050 ***150.00

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

DOCUMENT # V69970

BRANIFF Principal Place	COMPUTER CONSULTING	Mailing Address					
11531 NW 30TH ST 11531 NW 30TH ST							
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065							
					DO NOT WRITE IN	THIS SPACE	
	,				3. Date Incorporated or Qualifed 10/05/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
1 26					65-0363876	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
27 27 27 27 27 27 27 27 27 27 27 27 27 2					2 Cempare du orarra pesured	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	•
Zip	Zip Country Zip			8. This corporation owes the current year Intangible Personal Property Tax.		□No	
24	25 9. Name and Address of Curre		301		10. Name and Address of New Regist		
	9. Haine and Address of Curren	v vediarnian vidair	81	1 Name			
JOVANOVIC, DOUGLAS			82	2 Street Addi	ress (P.O. Box Number is Not Acceptable)		
888 SE 3RD AVE. SUITE 400 FT. LAUDERDALD FL 33316							
FI. L	AUDERDALD FL 33310		83	3			
			84	4 City		FL 85 Zip	Code
office or re agent. I at	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statute	v the comorate	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as re	gistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			☐ Change	Addition
NAME	Braniff, Phil		1.2 NAME				
STREET ADDRESS	11531 NW 30TH ST		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CORL ORDINOS EL COSOF		1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE	-		Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	•		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	•		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	i			
TITLE		. DELETE 5.1				☐ Change	☐ Addition
NAME			5.2 NAME	I			
STREET ADDRESS			5.3 STRE	ET ADDRESS	•		ž.
			5.4 CITY-				
CITY-ST-ZIP		D€LETE	6.1 TITLE			☐ Change	Addition

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.

FICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS