

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

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # V71537 (7)
 1. Corporation Name
COMMON CENTS COMPUTER CONSULTING, INC.



| | |
|---|---|
| Principal Place of Business 250 N. BANANA RIVER DR. D-13 MERRITT ISLAND FL 32952 US | Mailing Address 250 N. BANANA RIVER DR. D-13 MERRITT ISLAND FL 32952 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------|
| 2. Principal Place of Business 21 2515 Auburn Dr | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Cocoa FL | City & State 28 |
| Zip 24 32926 | Country 25 |
| | Country 29 |
| | Country 30 |

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 10/13/1992 | 4. FEI Number 59-3144859 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**HALL, EDWIN H JR
 250 N. BANANA RIVER DR.
 APT D-13
 MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Edwin H Hall JR |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2515 Auburn Dr |
| 83 |
| 84 City Cocoa |
| 85 State FL |
| 86 Zip Code 32926 |

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]* DATE **09/21/98**

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME HALL, EDWIN H. JR. | |
| STREET ADDRESS 250 N. BANANA RIVER DR. | |
| CITY-ST-ZIP MERRITT ISLAND FL 32952 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Edwin H Hall JR | |
| 1.3 STREET ADDRESS 2515 Auburn Dr | |
| 1.4 CITY-ST-ZIP Cocoa FL 32926 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE *[Signature]* DATE **09/21/98**

CFR2E034 (10/97)

407-631-6553