

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000056429 (1)
 1. Corporation Name
PROMPT ATTENTION COMPUTER TRAINING CENTER, INC.



Principal Place of Business: **1120 E. SEMORAN BLVD APOPKA FL 32703**
 Mailing Address: **1120 E. SEMORAN BLVD APOPKA FL 32703-5523**

2. Principal Place of Business
 21 [] Suite, Apt. #, etc.
 22 [] City & State
 23 [] Zip [] Country
 24 [] 25 []

2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 [] City & State
 28 [] Zip [] Country
 29 [] 30 []

3. Date Incorporated or Qualified: **07/29/1994**
 3a. Date of Last Report: **04/26/1996**
 4. FCI Number: **59-3268703** 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 has liability for intangible tax under s. 199.03? Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent
KAYE, JANIS S
621 KEY DEER CT.
APOPKA FL 32703

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 type) (or printed name of registered agent and title of agent) (Name of registered agent's signature required when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	KAYE, ALAN R	
STREET ADDRESS	621 KEY DEER CT.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	STD	[] DELETE
NAME	KAYE, JANIS S	
STREET ADDRESS	621 KEY DEER CT.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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: *Janis S Kaye* 3-13-97 (407)886 6990

CR2E034 (9/96)