

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # F96000003788 (4)
 1. Corporation Name
 PERSONAL COMPUTER RENTAL CORPORATION



Principal Place of Business Mailing Address
 %MR.PATRICK O'NEIL 4 CEDAR BROOK DR #1 CRANBURY NJ 08512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0364657		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP O'NEIL, PATRICK 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, PATRICK	1.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	1.4 CITY-ST-ZIP	
TITLE	CEO O'NEIL, PATRICK 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, PATRICK	2.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	2.4 CITY-ST-ZIP	
TITLE	DVT KNOPP, ORIN 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPP, ORIN	3.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	3.4 CITY-ST-ZIP	
TITLE	D CALHOUN, WALTER 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, WALTER	4.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	4.4 CITY-ST-ZIP	
TITLE	D HENRETTA, CHRISTOPHER 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRETTA, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	5.4 CITY-ST-ZIP	
TITLE	DS KUNBERGER, ARTHUR 4 CEDAR BROOK DR #1 CRANBURY NJ 08512	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNBERGER, ARTHUR	6.2 NAME	
STREET ADDRESS	4 CEDAR BROOK DR #1	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	6.4 CITY-ST-ZIP	

14. I do 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: _____ 9-15-97 609 395 6828

CR2E034 (4/97)