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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G76538** **(9)**

1. Corporation Name

PROGRAMMING CONSULTANTS, INCORPORATED

Principal Place of Business	Mailing Address
2450 TREASURE ISLE DR PALM BEACH GARDENS FL 33410-1349	2450 TREASURE ISLE DR PALM BEACH GARDENS FL 33410-1349

3. Date Incorporated or Qualified: **12/27/1983**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 2316 PALM HARBOR DRIVE	26 2316 PALM HARBOR DR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: PALM BEACH GARDENS, FL	28 City & State: PALM BEACH GARDENS, FL
24 Zip: 33410 25 Country: PALM BEACH	29 Zip: 33410 30 Country: PALM BEACH

4. FEI Number: **59-2349931** ☐ 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. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISS, LINDA ELIAS **2450 TREASURE ISLE DR.** **PALM BEACH GARDENS FL 33410**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2316 PALM HARBOR DR 83 ~~PALM BEACH GARDENS FL~~ 84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WEISS, LINDA ELIAS 2450 TREASURE ISLE DR. PALM BEACH GARDENS FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2316 PALM HARBOR DRIVE PALM BEACH GARDENS FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda Elias Weiss 2/22/96 407-627-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #