

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G76538** (9)

1. Corporation Name
PROGRAMMING CONSULTANTS, INCORPORATED



Principal Place of Business 2316 PALM HARBOR DRIVE PALM BEACH GARDENS FL 33410 US	Mailing Address 2316 PALM HARBOR DRIVE PALM BEACH GARDENS FL 33410-2088 US
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3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 1436 HARBOUR POINT Dr. Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS, FL Zip Country 24 33410 25 USA	2a. Mailing Address 26 1436 HARBOUR POINT Dr. Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS, FL Zip Country 29 33410 30 USA	4. FEI Number 59-2349931 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WEISS, LINDA ELIAS
2316 PALM HARBOR DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name ELIAS WEISS, LINDA	82 Street Address (P.O. Box Number is Not Acceptable) 1436 HARBOUR POINT Drive
83	
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: *Sandra Elias Weiss* DATE: **1/9/97**
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 DP	<input type="checkbox"/> DELETE	1.1 TITLE ELIAS WEISS, LINDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISS, LINDA ELIAS		1.2 NAME	
STREET ADDRESS 2316 PALM HARBOR DRIVE		1.3 STREET ADDRESS 1436 HARBOUR POINT Dr.	
CITY-ST-ZIP PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra Elias Weiss* DATE: **1/9/97** DAYTIME PHONE: **561-627-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)