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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

FILED May 01 1998 8:00am **PROFIT FLORIDA DEPARTMENT OF STATE** CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L70615 (4) PERSONALIZED COMPUTING CONSULTANTS, INC. Principal Place of Business Mailing Address 2115 CURRY RD 2115 CURRY RD **LUTZ FL 33549** LUTZ FL 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1990 2. Principal Place of Business 2s. Mailing Address Applied For 21 59-3022695 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSTON, THOMAS G. 2115 CURRY RD 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ 33549** 83 City 84 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, typied or profind name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change NAME JOHNSTON, THOMAS G. 1.2 NAME CR2E034 2115 CURRY RD STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change TITLE 2.1 TITLE Addition JOHNSTON, JUDY F. NAME 2.2 NAME 2115 CURRY RD STREET ADDRESS 2.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SMYTH, MARK G. NAME 3.2 NAME 2120 LITTLE BROOK LANE STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 41 TITLE Change Addition NAME SMYTH, DEBBIE S. 4 2 NAME 2120 LITTLE BROOK LANE STREET ADDRESS 4.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

14. Thereby 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 for the receiver or frusted empower to revecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, no no invaltactor and with applications.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4-15-98