

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90127 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000030818

1. Corporation Name

PREFERRED COMPUTER CONSULTANTS, INC.

Principal Place of Business

1250 EAST HALLANDALE BEACH BLVD.
603
HALLANDALE FL 33009
US

Mailing Address

1250 EAST HALLANDALE BEACH BLVD.
603
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1993

4. FEI Number

65-0412354

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 3801 SOUTH OCEAN DR.

2a. Mailing Address
26 3801 SOUTH OCEAN DR

Suite, Apt. #, etc.

22 SUITE # 2E

Suite, Apt. #, etc.

27 SUITE # 2E

City & State
23 HOLLYWOOD, FL

City & State
28 HOLLYWOOD, FL

Zip Country
24 33019 25 U.S.A

Zip Country
29 33019 30 U.S.A

9. Name and Address of Current Registered Agent

SANCHEZ, EDILBERTO
1250 E HALLANDALE BEACH BLVD
S 905
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name EDILBERTO SANCHEZ
82 Street Address (P.O. Box Number is Not Acceptable)
3801 SOUTH OCEAN DRIVE
83 APT # 2E
84 City HOLLYWOOD FL 85 Zip Code 33019

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

Ed Sanchez
Signature typed or printed name of registered agent and title if applicable.

ED SANCHEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, SIMEON	
STREET ADDRESS	870 SE 2 PL	
CITY-ST-ZIP	HIALEAH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ED	
STREET ADDRESS	204 THREE ISLAND BLVD., #105	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANCHEZ, ED	
2.3 STREET ADDRESS	3801 SOUTH OCEAN DR. # 2E	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Ed Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 954-455-2334

CR2E034 (11/98)