

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022289 (0)

1. Corporation Name

PC NETWORK CONNECTION, INC.



Principal Place of Business

2510 LITTLE ROCK CT
WEST PALM BEACH FL 33414

Mailing Address

2510 LITTLE ROCK CT
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0272034

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SURANYI, GEORGE
2510 LITTLE ROCK CT
SUITE 1050
WEST PALM BEACH FL 33414

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City WELLINGTON

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/96

561/990-6847

CR2E034 (12/95)