FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058430 (7)**

1. Corporation Name

PERSONAL COMPUTER CONSULTANTS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1711 NORTH STATE ROAD 7 STE. H MARGATE FL 33063	1711 NORTH STATE ROAD 7 STE. H MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0514320	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FRESHOUR, SHARON K
1711 NORTH STATE ROAD 7 STE. H
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: FRANCES M STILLWELL
82 Street Address (P.O. Box Number is Not Acceptable): 1711 N STATE RD 7 STE H
83: MARGATE
84 City: FL 85 Zip Code: 33063

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: FRANCES M STILLWELL Frances M Stillwell 3/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FRESHOUR, SHARON K	1.2 NAME	FRANCES M. STILLWELL	
STREET ADDRESS	1711 NORTH STATE ROAD 7 STE. H	1.3 STREET ADDRESS	1711 N STATE RD 7 STE H	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VSTD	2.1 TITLE	VSTD	☑ Change ☐ Addition
NAME	STILLWELL, FRANCES M	2.2 NAME	LUCILLE STILLWELL	
STREET ADDRESS	1711 NORTH STATE ROAD 7 STE. H	2.3 STREET ADDRESS	1711 N STATE RD 7 STE H	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Frances M Stillwell FRANCES M. STILLWELL 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-977-0992
Daytime Phone #

0108180 CP