

**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 # P94000078782 (7)**

1. Corporation Name  
**PC ELECTRONIC FILING, INC.**



Principal Place of Business: **1733 NW 92ND WAY CORAL SPRINGS FL 33071**  
 Mailing Address: **1733 NW 92ND WAY CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified: **10/24/1994**      3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **65-0525965**      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: **21**      2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**  
 City & State: **23**      City & State: **28**  
 Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**SCHNEIDER, JEFFREY A**  
**1733 NW 92ND WAY**  
**CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent  
**81** Name: \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City: \_\_\_\_\_      **FL** **85** Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0902 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 below in block 12 or block 13, as applicable. If the registered agent's signature is required, it must be typed or printed in block 10.

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>P</b>		
NAME	<b>SCHNEIDER, JEFFREY A</b>		
STREET ADDRESS	<b>1753 NW 92 WAY</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>		
TITLE	<b>V</b>		
NAME	<b>ALFIERS, PAUL D</b>		
STREET ADDRESS	<b>1733 NW 92 WAY</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	<i>V.P. Carolyn Price</i>		
3.3 STREET ADDRESS	<i>1733 NW 92 Way</i>		
3.4 CITY-ST-ZIP	<i>Coral Springs FL 33071-0614</i>		
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 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, as changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/96*      *954-752-1644*  
 DATE      TELEPHONE NUMBER

CR2E034 (12/95)