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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081205 (4)

PERSONAL COMPUTER TRAINING, INC.

Principal Place of Business

Mailing Address

-9000 ATLANTIO-BLVD-

3338 ATLANTIC BLVD.

FILED May 04 1998 8:00am Secretary of State



21 3/23 Be and BVO. 26 3/23 Beach BVO 59-3277716 Not A Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Requ City & State 23 JACKSONULE, FL 28 JACKSONULE, FL 29 JACKSONULE, FL 29 JACKSONULE, FL 30 JACKSONULE, FL 31 Name and Address of New Registered Agent CARUSO, SUSAN W 3338 ATLANTIC BLVD. JACKSONULE FL 32207	ired ay Be ees gible
2. Principal Place of Business 2. Applied and Place of Business 2. Applied and Place of Business 3. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. Fel Number 5. Certificate of Status Desired 4. Fel Number 5. Certificate of Status Desired Fee Required Fee Require	pplicable litional ired ay Be fees gible
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Requence Fee R	litional ired ay Be ees gible
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	ired ay Be ees gible
City & State 23 JACKSONULLE, FL 28 JACKSONULLE, FL 28 JACKSONULLE, FL 29 JACKSONULLE, FL 29 JACKSONULLE, FL 29 JACKSONULLE, FL 30 JACKSONVILLE FL 3207 Country 29 JACKSONVILLE FL 32207 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intense Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent CARUSO, SUSAN W 3338 ATLANTIC BLVD. JACKSONVILLE FL 32207	ees gible
Zip 24 32207 25 29 32207 30 20 25 29 32207 30 20 20 20 20 20 20 20 20 20 20 20 20 20	- ;
9, Name and Address of Current Registered Agent CARUSO, SUSAN W 3338 ATLANTIC BLVD. JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 3/23 Black Blud,	
CARUSO, SUSAN W 3338 ATLANTIC BLVD. JACKSONVILLE FL 32207 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3/2.3 Black Blvd. 83	
3338 ATLANTIC BLVD. JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 3/23 Black Blvd,	
JACKSONVILLE FL 32207 3/23 Beach Blud,	
83	
	1
84 City JACKSONVILLE FL 85 Zip Col	10
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 re-	egistered
office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regagent. Lam familiar with, and accept the obligations of, Section 607.0565, Florida Statutes.	jistered
Sugaring Congress type 1/2 Parties Williams	-
SIGNATURE Signature, bytes) or printed name of registroact right and title if applicable (NOTC Registrored Agent signature required when reinstating) DATE	
12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
	Addition
NAME CARUSO, SUSAN W 12 NAME	
STREET ADDRESS 3338 ATLANTIC BLVD. 13 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32207	
	Addition
NAME GREENHUT, ADRIAN 22 NAME	
STREET ADDRESS 8338 ATLANTIC BLVD 23 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 2 4 CITY-ST-ZIP	
TITLE DELETE 31 TITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 41 TITLE Change	Addition
NAME 4 2 NAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CTTY-ST-ZIP 54 CITY-ST-ZIP	
THILE DELETE 61 THLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplies that the information supplies the same legal effect as if made under oath; that I	ormation am an
officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearable to Block 12 or Block 13 if changed or on an attachment with an address.	ars in