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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008348

1. Corporation Name

PC COMPLETE, INC.

Principal	Place	of	Business

Mailing Address

21040 WINDEMERE LANE **BOCA RATON FL 33428**

21040 WINDEMERE LANE **BOCA RATON FL 33428**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90180 021 ***150.00



					DO NOT WRITE IN THIS SPACE				
					Date Incorporated or Qualifed				
					01/27/1995				
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		 	lied For	
21		26			65-0554769			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1	\$8.75 A			
22 27					- Fl. C. B Since Sinc			`	
City & State City & State				6. Election Campaign Financing Trust Eurol Contribution		\$5.00 f	•		
23	Country		Country	, <u></u>	8. This corporation owes the curre	ant year Intanc			
Zip			30	,	Personal Property Tax.			Z No	
24	9. Name and Address of Curr		<u> </u>		10. Name and Address of New R				
	J. Maine and Address of Cuff	en vedioreien vitein	81	Name					
AXELROD, LARRY 21040 WINDEMERE LANE									
			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	A RATON FL 33428		83						
- 600	A IMIUNI E JOTEU		١	``					
à•			84	City		FL.	85 Zip C	ode	
44 Dumu	to the provisions of Sections 507.0	502 and 607 1508 Florida Statute	s the abov	e-named corr	poration submits this statement for the	nurpose of cha	L_anging its	registered	
office or n	egistered agent, or both, in the Sta	te of Florida. Such change was au	ithorized by	the corporati	on's board of directors. I hereby accep	t the appointm	ent as reg	istered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statute	S.					
SIGNATURE	Signature, typed or printed name of registered a	cont and title if applicable /NOTE	Registered Age	ent signature require	ed when reinstating)	DATE			
12,		AND DIRECTORS	13.	s.griotoro radone	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE				Change	Addition	
NAME	AXELROD, LORI		1.2 NAME						
STREET ADDRESS	21040 WINDEMERE LANE			T ADDRESS					
1	BOCA RATON FL 33428		1.4 CITY-1	1					
CITY-ST-ZIP TITLE	DOOM PATON PL 33420		2.1 TITLE	J I - EJF			Change	☐ Addition	
			2.1 MAME			_	- -		
NAME:				T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP			3,1 TITLE	ST-2(P			Change	Addition	
TITLE			3.2 NAME	- 					
NAME									
STREET ADDRESS	,			ET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY-	SI-ZIP	_		Change	☐ Addition	
TITLE			4.1 TITLE				7 21/01/20		
NAME			4, 2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		- Decem	4.4 CITY-1	ST-ZIP		_ 	Change	Addition	
TITLE		☐ DELETE	5.1 TITLE			L] change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				TADORESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	☐ Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP