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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000087657 (9)

1. Corporation Name:  
P.C. UNIVERSE, INC.



Principal Place of Business  
712 US HIGHWAY 1  
NORTH PALM BEACH FL 33408

Mailing Address  
712 US HIGHWAY 1  
NORTH PALM BEACH FL 33408-4509

3. Date Incorporated or Qualified 11/13/1995  
3a. Date of Last Report 03/18/1996

2. Principal Place of Business  
21 2302 N. Dixie Hwy.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2302 N. Dixie Hwy  
Suite, Apt. #, etc.

4. FEI Number 65-0620172  
Applied For Not Applicable

22 City & State  
23 Boca Raton FL

27 City & State  
28 Boca Raton, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33431  
25 Country USA

29 Zip 33431  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANIS, ROBERT  
2302 N. DIXIE HWY  
#1  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Livia, Thomas  
82 Street Address (P.O. Box Number is Not Acceptable) 2302 N. Dixie Hwy.  
83  
84 City Boca Raton FL 85 Zip Code 33431

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: *Thomas M. Manis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STERN, GARY	
STREET ADDRESS	2304 NO. DIXIE HWY.	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZOLOTSKY, STEVE	
STREET ADDRESS	2304 NO. DIXIE HWY.	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIVIA, THOMAS	
STREET ADDRESS	2304 NO. DIXIE HWY.	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MANIS, ROBERT	
STREET ADDRESS	2304 NO. DIXIE HWY.	
CITY - ST - ZIP	BOCA RATON FL 33431	
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

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Livia, Thomas	
1.3 STREET ADDRESS	2302 N. Dixie Hwy.	
1.4 CITY - ST - ZIP	Boca Raton, FL 33431	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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:

*Thomas M. Manis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97  
Date

861-447-0050  
Daytime Phone #

CR2E034 (9/96)