

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

**APPROVED
AND
FILED**

1997 JUL 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION * ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P96000036671 (1) 1. Corporation Name PCS COMPUTERS, INC

Principal Place of Business 1245B KINGS ESTATE RD ST AUGUSTINE FL 32086	Mailing Address 1245B KINGS ESTATE RD ST AUGUSTINE FL 32086-5357
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2. Principal Place of Business 21 70-A So. Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 70-A So. Dixie Hwy Suite, Apt. #, etc.
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3. Date Incorporated or Qualified 04/24/1996	3a. Date of Last Report
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22 City & State St. Augustine, FL	27 City & State St. Augustine, FL
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4. FEI Number 59-3371146	Applied For <input type="checkbox"/> Not Applicable
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23 Zip 32095	24 Country St. Johns	28 Zip 32095	29 Country St. Johns
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MCCORMICK, RANDOLPH B 1245B KINGS ESTATE RD ST AUGUSTINE FL 32086	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MCCORMICK, RANDOLPH B
STREET ADDRESS	1245B KINGS ESTATE RD
CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	V <input type="checkbox"/> DELETE
NAME	EVANS, JACK
STREET ADDRESS	517 MOULTRIE WELLS RD
CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	T <input type="checkbox"/> DELETE
NAME	EVANS, DORATHY
STREET ADDRESS	517 MOULTRIE WELLS RD
CITY-ST-ZIP	ST AUGUSTINE FL 32086
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800002245278-5
2.3 STREET ADDRESS	-07/23/97--01092--002
2.4 CITY-ST-ZIP	***165.00 ***165.00
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 in an attachment with an address.

SIGNATURE: *R. B. McCormick* **RANDY MCCORMICK Pres 4-28-97 904-824-2325**

CR2E034 (9/96)