

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000036671 (1)**  
 1. Corporation Name  
**PCS COMPUTERS, INC**



Principal Place of Business <b>70-A SO. DIXIE HWY. ST AUGUSTINE FL 32095</b>	Mailing Address <b>70-A SO. DIXIE HWY. ST AUGUSTINE FL 32095</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>70 A So Dixie Hwy</b>	26	Suite, Apt. #, etc.	
22 Suite, Apt. #, etc.	27	City & State	
23 <b>St Augustine</b>	28	City & State	
24 <b>32095</b>	25 <b>St Johns</b>	29	30

3. Date Incorporated or Qualified <b>04/24/1996</b>	
4. FEI Number <b>59-3423277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MCCORMICK, RANDOLPH B 1245B KINGS ESTATE RD ST AUGUSTINE FL 32086</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 *[Signature]* **RANDOLPH B. MCCORMICK** **4-29-98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>MCCORMICK, RANDOLPH B</b>	
STREET ADDRESS	<b>1245B KINGS ESTATE RD</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/>
NAME	<b>EVANS, JACK</b>	
STREET ADDRESS	<b>517 MOULTRIE WELLS RD</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE	<b>I</b>	<input checked="" type="checkbox"/>
NAME	<b>EVANS, DORATHY</b>	
STREET ADDRESS	<b>517 MOULTRIE WELLS RD</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. 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

SIGNATURE *[Signature]* **4-29-98**

CR2E034 (10/97)