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

Mailing Address 5030 MINTON RD

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000049548

PC-CONNECT DATA COMMUNICATIONS SYSTEMS, INC.

5030 MINTON ROAD SUITE C SUITE C DO NOT WRITE IN THIS SPACE PALM BAY FL 32907 PALM BAY FL 32907 3. Date Incorporated or Qualifed 06/10/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country ΠNo 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STILLS, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) **510 LUCAS PLACE** MERRITT ISLAND FL 32953 83 Zip Code 84 City 85 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. Woiva SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] Change ☐ Addition DELETE 1.1 TITLE TITLE 12 NAME STILLS, DAVID NAME 510 LUCAS PLACE 1.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition [] Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE

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 with an address, with all other like empowered Block 12 or Block 13 if changed

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

Change

May 07, 1999 8:00 am Secretary of State

05-07-1999 90098 002 ***150.00

Addition

(11/98)CR2E034