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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600060811 (2)

PC MASTERS, INC.

Principal Place of Business Mailing Address 1508 WHITEHALL DRIVE 1508 WHITEHALL DRIVE #205 DAVIE FL 33324 DAVIE FL 33324-8616 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-068 2565 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STOCK, ARLEN R Bí Name 1508 WHITEHALL DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) #205 83 DAVIE FL 33324 84 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** (NOTE Registered Agent signsture required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Change DELETE 1.1 TITLE Addition TITLE STOCK, ARLEN R 1.2 NAME NAME 1508 WHITEHALL DR, #205 STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33324 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STOCK, MARLA C NAME 2.2 NAME 1508 WHITEHALL DR. #205 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33324 CITY-ST-ZIP 2. 4 CITY - ST - ZIP

CITY-ST-ZIP
 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 logal 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.1 TITLE

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6.2 NAME

3.3 STREET ADDRESS

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4.4 CHY-ST-ZIF

3.4. CITY - ST - ZIP

SIGNATURE:

TITLE

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CITY-ST-ZIP

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Adam R. Stak

DELETE

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Change

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**FILED** 

Apr 28 1997 8:00am

Secretary of State