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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099927 (1)

PC LAN SYSTEMS INTEGRATORS INC.

Mailing Address Principal Place of Business 16129 EMERALD COVE RD 16129 EMERALD COVE RD FORT LAUDERDALE FL 33331-3129 FORT LAUDERDALE FL 33331 3a. Date of Last Report 3. Date incorporated or Qualified 12/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address FFI Number Not Applicable 26 21 Suite, Apt. #, etc. \$8,75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No 30 Florida Statutes 24 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Brown, Gary G 16129 EMERALD COVE RD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33331 83 84 City 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 DAYE Signature, typod or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE PROSIDENT Change 1.1 TITLE HILLE GARY G. BROWN 1.2 NAME MALIE 16129 Emerald Cove RD 1.3 STREET ADDRESS STREET ADDRESS WESTON FL 33331 1.4 CITY-ST-ZIP CITY: \$1-7IP Change **✓** Addition DELETE 2.1 TITLE TITLE Vice President Michelle FORREST BROWN 2.2 NAME NICHI 16129 Emercia Cove RD 2.3 STREET ADDRESS STREET ADDRESS WESTON FLORIDA 33331 2. 4 CITY-ST-ZIP CITY - ST - ZIF Change Addition Addition DELETE 3.1 TITLE 3.2 NAME HARG 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY ST-74P Change Addition DELETE 4.1 TITLE THE **4.2 NAME** NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST- ZIP DITY-51-74P Change ___ Addition ☐ DELETE 51 TIFLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ACORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE 6.2 NAME 500002188125 -05/22/97--01058--030 NAME 6.3 STREET ADORESS STREET ADORESS 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 Bloch 13 if changed, or on an attachment with an address.

SIGNATURE

TOTAL SO THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-26-97

(561) 4170090

FILED

May 12 1997 8:00am

Secretary of State