PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000007218 (5)

PC GENERATIONS, INC.				
Principal Plac	e of Business	Mailing Address		
3201 S DALE MABRY SUITE #105 TAMPA FL 33629 3201 S DALE MABRY SUITE #105 TAMPA FL 33629 3201 S DALE MABRY SUITE #105 TAMPA FL 33629				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 Principal P		2a. Mailing Address Da	le Mabr	01/21/1997 4. FEI Number 5 9 -3 422 838 Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat		City & State		6. Election Campalgn Financing \$5.00 May Be
		* Tampa	<u> </u>	Trust Fund Contribution
24 336e	25 Country 25 USA 2 9. Name and Address of Current Re	2io 9 33629 33	OUNTRY SA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
KA.		gisterou Agent	81 Name	V - P - H
KAPPES, BRETT 3201 S DALE MABRY			82 Street	Address (RO. Box Number is Not Acceptable)
SU	ITE #105		115	5 S. Dale Mabry Suite 2
TAI	MPA FL 33629		83	
			84 City	OMPA FL 85 Zip Code 9
11. Pursuant	to the provisions of Sections 607.0502 and	d 607.1508, Florida Statutes,	, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligations	s of, Section 607.0505, Florid	da Statutes.	1000 A 1000
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. [NOTE: F	Registered Agent signature	required when reinstating) DATE AMUDITY: 1118
12.	OFFICERS AND DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	∠ DELETE	1.1 TITLE	Change Addition
NAME	KAPPES, BRETT		1.2 NAME	Kappes, Brett 1155 S. Dale Mabry #2
STREET ADDRESS CITY-ST-ZIP	3201 S DALE MABRY SUITE 105 TAMPA FL 33629		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	1155 S. Dale Mabry 2
TITLE	TAMPA PL 33029	☐ DELETE	2.1 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	W. C.		2. 4 CITY - ST - ZIP	
TITLE		L DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	:
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	- Lange Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME		- occese	5.2 NAME	in change in the control of
STREET ADDRESS			6.3 STREET ADDRESS	
I DITTLE MOUNTED			(LLL / LDD LLCO	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

I he way being that the information supplied with this timing uoes not quality for the exemption stated in Section 119.07(3)(j), 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.

FILED

(813)639-0211