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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039356 (5)

PROGRAMMING ANALYSIS CONSULTING, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						3 (BB)(BB) (IB IB)(I IBB(I EB)(I BB)(I BB)(I BB)(I BB) (II) (B) (B) (B) (B)		
1805 POINT PARK DRIVE. EAST 1605 POINT PARK DRIVE.				EAST				
JACKSONVILLE FL 32225		JACKSONV	JACKSONVILLE FL 32225			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/30/1997		
2. Principal Pla	ce of Business	2a. Mailing A	ddress			4. FEI Number	Applied For	
21		26	26			59-3445402	Not Applicable	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			1 E. Cortificate of Statue Decired 1 1 1 1 1 1	.75 Additional	
22		27				S. Continuate of Clarks Door, Ca	Fee Required	
City & State		<u> </u>	City & State			·	5.00 May Be	
23		28		0			Idded to Fees	
Zip	Country	Zip		Country	′	8. This corporation owes or has paid the current y Personal Property Tax due June 30.		
24	25 9. Name and Address of Curre	29 29 Age	30 mt	<u> </u>		10. Name and Address of New Registered Agent		
ELIA		ant trogiotorou rago		81	Name			
FUNYAK, CHARLOTTE J 1605 POINT PARK DRIVE, EAST				_	_			
	KSONVILLE FL 32225				82 Street Address (P.O. Box Number is Not Acceptable)			
970	MOOITHLE FL DESED			83				
							1	
				84	City	FL ⁸⁵	Zip Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes,	the abov	e-named cor	poration submits this statement for the purpose of char	iging its registered	
office or red	gistered agent, or both, in the Stat familiar with, and accept the obli	e of Florida. Such c	hange was auth	horized by	y the corpora	ation's board of directors. I hereby accept the appointm	ent as registered	
•	P. D. H. D.	umpl	301.0000,110110	u ciaioic	o.	4-27-	98	
SIGNATURE _	Ignature, typed or printed name of registered a	gent and tyle if applicable	(NOTE: Re	egistored Ag	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	D	L] DELETE	1.1 TITLE			hange L Addition	
NAME	FUNYAK, CHARLOTTE J			1.2 NAME				
STREET ADDRESS	1605 POINT PARK DRIVE, I	EAST		1.3 STREET	FADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225			1.4 CITY - S	ST-ZIP	· Inla	Lance Addition	
TITLE	D	L.] DELET e	2.1 TITLE			hange L Addition	
NAME	FUNYAK, ROBERT F	-107		2.2 NAME				
STREET ADDRESS	1605 POINT PARK DRIVE, I	EASI		2.3 STREE				
CITY-ST-ZIP	JACKSONVILLE FL 32225	Г	l prijete	2.4 CITY-	ST-ZIP		hange Addition	
TITLE		L] DELETE	31 TITLE		r .	mange Landonion	
NAME				3 2 NAME				
STREET ADDRESS				_	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP	Tir	hange Addition	
TITLE		L	JOLLEIE	4.1 ITILE 4.2 NAME			ge	
NAME					T ADDRESS			
STREET ADDRESS								
CiTY-ST-ZIP		Г	DELETE	4.4 CITY-1	31-£IF	П	Change	
TITLE		L.		5.2 NAME			• =	
NAME PERCET ADDRESS					T ADDRESS			
STREET ADDRESS				5.4 CITY-1	1			
CITY-SY-ZIP TITLE			DELETE	6.1 TITLE	a) ~ EII		Change Addition	
NAME		_		6.2 NAME				
STREET ADDRESS				l	T ADDRESS			
l i				6.4 CITY-:	- 1			
CITY-ST-ZIP				0.7 01117				

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.