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

P97000074960 (0) DOCUMENT # 1. Corporation Name

AFTER HOURS PC HELP, INC.

Principal	Place	of	Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



26 SPANISH ST. AUGUSTI	•	•	P.O. BOX 407 ST. AUGUSTH				E IN THIS SPAC	E.
						3. Date Incorporated or Qualified 08/26/1997		
2. Principal P			2a. Mailing Add	dress		4. FEI Number		Applied For
21 201-I	B SR 16)	26			59-3469004		Not Applica
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & Stat	te		City & State)		6. Election Campaign Financing	\$	5.00 May Be
23 St. A	Augusti	ne, FL	28			Trust Fund Contribution		Added to Fees
Zip		Country	Zip		Country	8. This corporation owes or has pa		
24 32095		25	29	30		Personal Property Tax due June		
			urrent Registered Agent		-1.1	10. Name and Address of New Re	gistered Agen	<u>t</u>
	VLL, CHARI				81 Name	Charles E. Hall, Jr.		
	SPANISH					Address (P.O. Box Number is Not Acceptal	ble)	
				25 Old Mission Avenue				
					83			
					84 City		lor.	7in Code
						St. Augustine	FL 85	Zip Code 32084
11. Pursuant office or r	to the provis	sions of Sections 60: gent, or both, in the lith, and accept the	7.0502 and 607.1508, Flo State of Florida, Such cha obligations of Section 60	rida Statutes, t inge was autho 7.0505, Florida	he above-named	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of char pt the appointm	ngion its register
			Jr. ed agont <u>and the rapplessio</u>			required when reinstating)	1/20/98	
12.			S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIR	ECTORS IN 12
TITLE	DPST	<u> </u>		DELETE	1.1 TITLE			hange Addit
NAME	SMALL!	ey, farrell w j	R		1.2 NAME			
STREET ADDRESS	201-B S				1.3 STREET ADDRESS			
CITY-ST-ZIP		GUSTINE FL 3209	5		1.4 CITY-ST-ZIP			
TITLE				DELETE	2.1 TITLE		П (hange
NAME			-		2.2 NAME		_	· —
STREET ADORESS	_				2.3 STRFET ADDRESS			
CITY-ST-ZIP					2. 4 CiTY-ST-ZiP			
TITLE				DELET E	3.1 TITLE	*		hange Addit
NAME				i	3.2 NAME			• -
STREET ADORESS				Ī	3.3 STREET ADDRESS			
CITY-ST-ZIP					3 4 CITY-ST-ZIP			
TITLE				DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	□ c	hange
NAME			_		4. 2 NAME			
STREET ADDRESS					4.3 STREET ADDRESS	·		
CITY-ST-ZIP					4.4 CITY-ST-ZIP			
TITLE	-			DEL ETE	5.1 TITLE		c	hange
NAME				ŀ	5.2 NAME		-	
STREET ADDRESS					5.3 STREET ADDRESS			
CITY-ST-ZIP					5.4 CITY - ST - ZIP			
TITLE				ELETE	61 TITLE			hange Addit
NAME					6.2 NAME			
STREET ADDRESS					63 STREET ADDRESS			
CITY-ST-ZIP				1	64 CITY-ST-ZIP			
14. I hereby o	certify that th	e information suppli	ed with this filing does no	quality for the	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I	further certify the	nat the information
indicated	on this annu	ual report or suppler	nental annual report is tru	e and accurat	e and that my sign	nature shall have the same legal effect as it required by Chapter 607, Florida Statutes:	f made under or and that my na	ath; that I am an me appears in