

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90150 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000102952

1. Corporation Name
PC PRIVATE EYES, INC.



Principal Place of Business	Mailing Address
1304 MENNA ST. JACKSONVILLE FL 32205	1304 MENNA ST. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1832 University Blvd S		26 12850 Huntley Manor DR		01/01/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-3341068	
23 City & State		28 City & State		5. Certificate of Status Desired	
23 Jacksonville, FL 32206		28 Jacksonville, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
32216		32224		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
FANKHAUSER, ROBERT K III 1304 MENNA ST. JACKSONVILLE FL 32205		<table border="1"> <tr> <td>81 Name</td> <td>Robert K Fankhauser III</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>12850 Huntley Manor DR</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Jacksonville FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32224</td> </tr> </table>		81 Name	Robert K Fankhauser III	82 Street Address (P.O. Box Number is Not Acceptable)	12850 Huntley Manor DR	83		84 City	Jacksonville FL	85 Zip Code	32224
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84 City	Jacksonville FL												
85 Zip Code	32224												

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FANKHAUSER, ROBERT K III	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANKHAUSER, ROBERT K III	1.2 NAME	
STREET ADDRESS	1304 MENNA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)