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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # S20932

0932 (7)

PERSONAL COMPUTER OPERATOR SERVICES, INC.

Principal Place of Business 5110 MONROE ST Mailing Address

5110 MONROE ST

FILED Jan 31 1997 8:00am Secretary of State



HOLLYWOOD FL 33021		HOLLYWOOD FL 33021-7272						
				3. Date Incorporated or Qualified 12/24/1990	3a. Date of Last Report 03/21/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A	pplied For
21 555	5 HULLYWOOD BLUD.	26 -			65-0272408	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt #, etc. 20 SUITE 300		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be			
23 4022	YWOOD FL Country	28			Trust Fund Contribution			to Fees
		Zip	Country	1	8. This corporation has liability for i			s. 199.032,
24 330.	2 / 25 USA 9. Name and Address of Current		30		Florida Statutes 10. Name and Address of New Re-	Yes [
DDIL	~	negistereo Agent	81	Name	10. Name and Address of New Ne	Aieraida v	igerii.	
	IDMLLE, R.L.							
5110 MONROE ST Hollywood Fl 33021			82	Street Address (P.O. Box Number is Not Acceptable)				
NUL	LIMOOD PL 33021		83			<i>-</i>		
			84	City			85 Zip	Code
				l,		FL	' '	
11. Pursuant office or ragent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m famil ar with, and accept the obligati	and 607.1508, Florida Statutes FFlorida. Such change was au ons of, Section 607.0505, Flori	s, the abov ithorized b ida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of the appo	changing ointment as	its registered s registered
SIGNATURE	Signatine Typical or printed name of registerico agent	and role if graphs abla /MOTE	Florislavan An	ani tionalura recu	uired when reinstalling)	DATE		
12.	OFFICERS AND		13.	our signature redo	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PVS	☐ DELETE	1.1 TITLE				Change	Addition
.NAMÉ	PRINDIVILLE, R.L.		1.2 NAME					
STREET ADDRESS	5110 MONROE ST		1.3 STREE	ADORESS				
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CITY-5	ST-ZIP				
TITLE	TD	DELETE	2 1 TITLE				Change	Addition
NAME	PRINDIVILLE, R.L.		22 NAME					
STREET ADDRESS	5110 MONROE ST		23 STREE	r address				
CITY-ST-7/P	HOLLYWOOD FL		2 4 CiTY -	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	31 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME :			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREE	F ADDRESS				
:CITY+ST-2IP			4.4 CITY-:	ST- ZIP			T-1 -	11.163
TITLE :		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	1				
STREET ADDRESS				ADDRESS				
City - St - ZiP			5.4 CITY-	ST-ZIP				. 7.65
TITLE		☐ DELETE	6.1 WILE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
C(TY - ST - Z(P			6.4 CiTY-	ST-ZIP				

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destrice Phone #