

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22200 (7)
1. Corporation Name
PC CONSULTANTS OF PASCO, INC.



Principal Place of Business Mailing Address
13825 US 19 13510 GARRIS DR.
SUITE 305 HUDSON FL 34667
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/19/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3040235	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODWIN, DANA 13510 GARRIS DR. HUDSON FL 34667				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

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		1.1 TITLE		Change Addition									
NAME		GOODWIN, DANA		1.2 NAME											
STREET ADDRESS		13510 GARRIS DR.		1.3 STREET ADDRESS											
CITY-ST-ZIP		HUDSON FL		1.4 CITY-ST-ZIP											
TITLE		D		2.1 TITLE		Change Addition									
NAME		GOODWIN, JANE		2.2 NAME											
STREET ADDRESS		13510 GARRIS DR.		2.3 STREET ADDRESS											
CITY-ST-ZIP		HUDSON FL		2.4 CITY-ST-ZIP											
TITLE				3.1 TITLE		Change Addition									
NAME				3.2 NAME											
STREET ADDRESS				3.3 STREET ADDRESS											
CITY-ST-ZIP				3.4 CITY-ST-ZIP											
TITLE				4.1 TITLE		Change Addition									
NAME				4.2 NAME											
STREET ADDRESS				4.3 STREET ADDRESS											
CITY-ST-ZIP				4.4 CITY-ST-ZIP											
TITLE				5.1 TITLE		Change Addition									
NAME				5.2 NAME											
STREET ADDRESS				5.3 STREET ADDRESS											
CITY-ST-ZIP				5.4 CITY-ST-ZIP											
TITLE				6.1 TITLE		Change 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 on an attachment with an address.

SIGNATURE *[Signature]* JANE E. GOODWIN 4-15-98 813 862-2266

CR2E034 (10/97)