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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S22200

PC CON	ISULTANTS OF PASCO, I	NC.						
Principal Plac	e of Business	Mailing Address		•••			#1#11 BIE11 #1811 8181	rs Qlij lif B y d)i (88 1
13825 US 19		13510 GARRIS DR.						
SUITE 305 HUDSON FL 34667						DO NOT MIDITE IN	THE CRACE	
HUDSON FL 34667 US						DO NOT WRITE IN	THIS SPACE	 -1
US						3. Date Incorporated or Qualifed 12/19/1990		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3040235		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		ن-پىيەنىسىن يو		5. Certifcate of Status Desired	•	Additional Required
22		27						
City & Stat	te	City & State				6. Election Campaign Financing	* *	O May Be
23	Country	28	Cou	intry		Trust Fund Contribution		0 10 1 663
Zip	Country	Zip				 This corporation owes the current yearsonal Property Tax. 	gar intangible Yes	□No
24	25 9. Name and Address of Cur	29 29 Acont	30			10. Name and Address of New Regis		
	5. Name and Address of Cur	terit vafilateren wilani		81 Name	,	10. Harris aria mariado di man magia		
GOO	ODWIN, DANA							
	10 GARRIS DR.		•	82 Stree	Addres	ss (P.O. Box Number is Not Acceptable)		
HUDSON FL 34667				83				
				84 City			FL 85 Zi	p Code
		0500 1 007 4500 Florida State	inn tha a	have name	1 oornor	ration submits this statement for the purpor's board of directors. I hereby accept the	ose of changing	its registered
SIGNATURE	Signature, typed or printed name of registered				required w	when reinstating) D/ ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECT	TORS IN 12
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6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90017 032 ***150.00