

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -1 AM 11: 51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V09724 (8)

1. Corporation Name

PROFESSIONAL COMPUTER CONSULTING, INC.

Principal Place of Business

Mailing Address

13600 ROANOKE ST.
~~SUITE 2~~
 DAVIE FL 33325
 US

13600 ROANOKE ST
~~SUITE 2~~
 DAVIE FL 33325
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0318128

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGGAN, PAUL D.
 13600 ROANOKE ST
 DAVIE FL 33325

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 the if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

P
 DUGGAN, PAUL D.
 13600 ROANOKE ST
 DAVIE FL

1 1 TITLE
 1 2 NAME
 1 3 STREET ADDRESS
 1 4 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

ST
 DUGGAN, NANCY J.
 13600 ROANOKE ST
 DAVIE FL

2 1 TITLE
 2 2 NAME
 2 3 STREET ADDRESS
 2 4 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

3 1 TITLE
 3 2 NAME
 3 3 STREET ADDRESS
 3 4 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4 1 TITLE
 4 2 NAME
 4 3 STREET ADDRESS
 4 4 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5 1 TITLE
 5 2 NAME
 5 3 STREET ADDRESS
 5 4 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6 1 TITLE
 6 2 NAME
 6 3 STREET ADDRESS
 6 4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Paul D. Duggan Paul D. Duggan

7/25/95

305-424-9589

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Type)

CR2E034 (3/95)