

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 11:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V29085** (0)

1. Corporation Name  
**PC HOTLINE, INC.**

Principal Place of Business  
**1402 E POWHATTAN AVE.  
TAMPA FL 33604**

Mailing Address  
**1402 E POWHATTAN AVE.  
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/10/1992** 3a. Date of Last Report **05/09/1994**

4. FEI Number **59-3123228** 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**

6. This corporation has liability for intangible tax under S. 199.03, Florida Statutes.  Yes  No

2. Principal Place of Business  
21

2a. Mailing Address  
26

22 Suite Apt # etc

27 Suite Apt # etc

23 City & State

28 City & State

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JESITUS, CHERYL E.  
1402 E POWHATTAN AVE.  
TAMPA FL 33604**

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 197.05(2) and 607.15(6) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office (or registered agent) to that in this 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 approve the change of the corporation's registered office as required by Section 607.15(6), Florida Statutes.

SIGNATURE

*Cheryl Jesitus*

**CHERYL JESITUS**

**5/6/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>D</b>
2. NAME	<b>JESITUS, CHERYL E.</b>
3. STREET ADDRESS	<b>1402 E POWHATTAN AVE.</b>
4. CITY, ST. ZIP	<b>TAMPA FL</b>
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with my address.

SIGNATURE:

*Cheryl Jesitus*

**CHERYL JESITUS**

**5/6/95**

**813  
2385300**

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Number