

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Martin
Secretary of State
Division of CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J66135** (1)

1. Corporation Name
PC-AGE SYSTEMS, INC.

Principal Place of Business: **33 LINCOLN DR
POUGHKEEPSIE NY 12601
US**
Mailing Address: **33 LINCOLN DR
POUGHKEEPSIE NY 12601
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 07/07/1994
4. FEI Number 14-1691379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	30 Zip

9. Name and Address of Current Registered Agent ALEXANDER, JOHN F., JR. 4236 NW 58 WAY GAINESVILLE FL 32606	10. Name and Address of New Registered Agent
	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 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	NAME ALEXANDER, JOHN F., JR. STREET ADDRESS 4236 NW 58 WAY CITY, ST, ZIP GAINESVILLE FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME
TITLE DS	NAME ALEXANDER, MARJORIE J. STREET ADDRESS 4236 NW 58 WAY CITY, ST, ZIP GAINESVILLE FL	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME
TITLE P	NAME STEVENSON, DAVID A. STREET ADDRESS 33 LINCOLN DR CITY, ST, ZIP POUGHKEEPSIE NY	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3. NAME
TITLE DT	NAME STEVENSON, EVELYN W. STREET ADDRESS 33 LINCOLN DR CITY, ST, ZIP POUGHKEEPSIE NY	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME
TITLE	NAME	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. NAME
TITLE	NAME	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME
TITLE	NAME	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information on this filing is the annual report or equivalent annual report of a trust and is complete and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on a statement with an address.

SIGNATURE: *David A. Stevenson* **David A. Stevenson** **4/26/95** **(911) 297-3599**