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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000097405 (0)
 1. Corporation Name
PUBLIC AGENCY CONTRACTING AND CONSULTING, INC.



Principal Place of Business
**1500 CORDOVA ROAD STE 210
 FT LAUDERDALE FL 33316**

Mailing Address
**1500 CORDOVA ROAD STE 210
 FT LAUDERDALE FL 33316-2190**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report N/A
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0661912		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MUTH, CATHERINE 1500 CORDOVA ROAD STE 210 FT LAUDERDALE FL 33316		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	P/D
STREET ADDRESS	NAME	1.2 NAME	Catherine Muth
CITY - ST - ZIP	STREET ADDRESS	1.3 STREET ADDRESS	1500 Cordova Road, Suite 210
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33316
STREET ADDRESS	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	T/D
CITY - ST - ZIP	NAME	2.2 NAME	Kevin S. Ammar
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	2.3 STREET ADDRESS	1500 Cordova Road, Suite 210
NAME	CITY - ST - ZIP	2.4 CITY - ST - ZIP	Fort Lauderdale, FL 33316
STREET ADDRESS	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	V/D
CITY - ST - ZIP	NAME	3.2 NAME	Karen N. Ammar
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.3 STREET ADDRESS	1500 Cordova Road, Suite 210
NAME	CITY - ST - ZIP	3.4 CITY - ST - ZIP	Fort Lauderdale, FL 33316
STREET ADDRESS	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	NAME	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4.3 STREET ADDRESS	
NAME	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
STREET ADDRESS	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	NAME	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5.3 STREET ADDRESS	
NAME	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
STREET ADDRESS	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	NAME	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.3 STREET ADDRESS	
NAME	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I, the undersigned, 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: *Catherine C. Muth* **3-12-97** **954 763-5700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005551

CR2E034 (9/96)